

بوبا العربية للتأمين التعاوني
Bupa Arabia for Cooperative Insurance

عقد تقديم خدمات الرعاية الصحية

Provision of Healthcare Services Agreement



The Unified Contract between Insurance Company and Health Service Provider in private sector

العقد الموحد بين شركة التأمين ومقدم الخدمة الصحية في القطاع الخاص

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On Wednesday, 1 May 2024 G in Jeddah City, Kingdom of Saudi Arabia

إنه في يوم الأربعاء الموافق: 1 مايو 2024 م، في مدينة جدة، المملكة العربية السعودية

It is agreed by and between:

تم الاتفاق بين كل من:

First Party:

Bupa Arabia for Cooperative Insurance CR No. (4030178881) and its subsidiaries (e.g. Bupa Arabia for Third Party Administration CR No. (4030605585).

Herein Represented by Wesam Akbar Pursuant to the Company's Authority Matrix.

National Address is:

3538 Nur Al Ihsan – Al Khalidiyah, Unit No.2, Jeddah 23423 - 7505, Kingdom of Saudi Arabia.

Tel: +966 920 000 456

E-mail: ProviderRelations@bupa.com.sa

Fax: +966 2 639 1735

Qualification Number issued from the Council of Cooperative Health Insurance: 102

الطرف الأول:

شركة بوبا العربية للتأمين التعاوني سجل تجاري رقم (4030178881) وشركاتها التابعة (على سبيل المثال شركة بوبا العربية لإدارة مطالبات التأمين سجل تجاري رقم (4030605585). ويمثلها وسام أكبر بموجب مصفوفة الصلاحيات بالشركة.

وعنوانهما الوطني:

3538 نور الأحسان – الخالدية، وحدة رقم 2 جدة 7505 – 23423 ، المملكة العربية السعودية.

هاتف: +966 920 000 456

البريد الإلكتروني: ProviderRelations@bupa.com.sa

فاكس: +966 2 639 1735

رقم التأهيل الصادر من مجلس الضمان الصحي التعاوني: 102

ويشار لهما في هذا العقد ب (بوبا العربية) أو (الطرف الأول) أو (شركة التأمين).

الطرف الثاني:

Saudi German Hospital Riyadh, CR No: 1010162269

Herein Represented By: Eslam Madmouh Eladwey Pursuant to Authority Matrix.

National Address is:

King Fahd Branch Road, Al Sahafa Dist., Riyadh 13321

Tel: +966 2685555

E-mail: emeladwey@sghgroup.net

Fax: +966 114871429

Qualification Number issued from the Council of Cooperative Health Insurance: 1003

Herein referred to as the **Second Party or Service Provider**.

They are collectively referred as "Parties" or "Both Parties".

المستشفى السعودي الألماني فرع الرياض

شركة الشرق الأوسط للرعاية

الصحية، سجل تجاري رقم: 1010162269

ويمثلها: إسلام ممدوح العدوى

بموجب مصفوفة الصلاحيات.

وعنوانه الوطني:

طريق الملك فهد الفرعى، حى الصحافة، الرياض 13321

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رقم التأهيل الصادر من مجلس الضمان الصحي

التعاوني: 1003

ويشار له في هذا العقد بالطرف الثاني أو مقدم الخدمة.

ويشار لكل الطرفين مجتمعين ب (الطرفان) أو (الطرفين).



Najla

Chapter 1: Introduction

الفصل الأول مقدمة

Preamble

تمهيد

Whereas the Council of Cooperative Health Insurance is concerned with applying Cooperative Health Insurance Law, and entrusted with numerous roles and responsibilities with the relevant parties in this industry, given to the significance of providing a regularized environment controlling the contractual relationship between parties, and without prejudice to the provisions of Cooperative Health Insurance Law enacted by virtue of Royal Decree No. M/10 dated 01/05/1420H (12/08/1999G) and any subsequent amendments thereto, as well as regulations, circulars and policies issued by the Council of Cooperative Health Insurance, this Contract has been concluded incorporating terms, conditions, rights, liabilities and obligations organizing the contractual relationship between Insurance Companies and health service providers under which, the claims shall be paid to the health service provider by the Insurance Company in return for rendering the healthcare services to the insured, as defined under the terms and conditions of this Contract and Appendices.

1. DEFINITIONS

The following words and expressions shall have the meaning respectively indicated following each of them, unless the context requires otherwise:

1.1 **Law:** Cooperative Health Insurance Law

1. التعريفات

1.2 **Regulation:** The Executive Regulation of Cooperative Health Insurance Law.

يكون لألفاظ والعبارات التالية المعاني المبينة أمام كل منها ما لم يقتضي السياق خلاف ذلك:

1.1 **النظام:** نظام الضمان الصحي التعاوني.

1.3 **Contract:** This document and all appendices forming an integral part thereof.

1.2 **اللائحة:** اللائحة التنفيذية لنظام الضمان الصحي التعاوني.

1.4 **Kingdom:** Kingdom of Saudi Arabia

1.3 **العقد:** هذه الوثيقة وكافة ملحقاتها التي تشكل جزءاً لا يتجزأ منها.

1.5 **Council:** Council of Cooperative Health Insurance and its Secretariat

1.4 **المملكة:** المملكة العربية السعودية.

1.5 **المجلس:** مجلس الضمان الصحي التعاوني وأمانته العامة



1.6 **(SAMA): Saudi Central Bank.**

1.6 البنك المركزي: البنك المركزي السعودي.

1.7 **Insurance Company:** Cooperative Insurance Company licensed to operate in the Kingdom which has been also qualified for practicing the works of cooperative health insurance.

1.7 شركة التأمين: شركة التأمين التعاوني المرخص لها بالعمل في المملكة والتي تم تأهيلها لممارسة أعمال الضمان الصحي التعاوني.

1.8 **Health Insurance Claims Management Company (Third Party Administrator):** Company concerned with settling the insurance claims, licensed to operate in the Kingdom, which has been also qualified for practicing the management of cooperative health insurance claims.

1.8 شركة إدارة مطالبات التأمين الصحي (TPA): شركة تسوية المطالبات التأمينية والمرخص لها بالعمل في المملكة والتي تم تأهيلها لممارسة إدارة مطالبات الضمان الصحي التعاوني.

1.9 **Company of Revenue Cycle Management (RCM):** Companies specialized in invoicing, medical coding, preparing, and issuing insurance claims on behalf of service provider, permitted to work in the Kingdom.

1.9 شركة إدارة دورة الإيرادات (RCM): الشركات المتخصصة بالغورنر والترميز الطبي وإعداد وإصدار المطالبات التأمينية نيابة عن مقدم الخدمة والمصرح لها بالعمل في المملكة.

1.10 **Service Provider:** health facility, regularly qualified or licensed to provide health services in the Kingdom, in accordance with the relevant laws and rules, and approved by the Council, for instance: hospital, general medical complex, specialized medical complex, diagnostic center, clinic, pharmacy, laboratory, physiotherapy center or radiotherapy center.

1.10 مقدم الخدمة: المرفق الصحي المؤهل نظاماً أو المرخص له بتقديم الخدمات الصحية في المملكة وفقاً للأنظمة والقواعد ذات العلاقة المعتمد من المجلس، وعلى سبيل المثال: مستشفى، مجمع طبي عام، مجمع طبي متخصص، مركز تشخيص، عيادة، صيدلية، مختبر، مركز علاج طبيعي أو مركز علاج بالإشعاع.

1.11 **Treatment Eligibility:** The eligibility of insured (beneficiary) to receive treatment by a service provider which is contracted with the Insurance Company, for providing healthcare services.

1.11أهلية العلاج: أحقيه المؤمن له (المستفيد) لتلقي العلاج لدى مقدم الخدمة المتعاقد مع شركة التأمين، حيث تقدم له خدمات الرعاية الصحية.

1.12 **Insured (Beneficiary):** Natural person(s) covered under health insurance policy.

1.12 المؤمن له (المستفيد): هو الشخص الطبيعي أو (الأشخاص الطبيعيين) الذي تقررت التغطية التأمينية الصحية لصالحه بموجب الوثيقة.

1.13 **Financial Claim/s:** A document submitted to the Insurance Company or the representative thereof, by the service provider, the representative thereof, or insured or policy holder; for the purpose of demanding payment of the value of health services' expenses covered under the policy, enclosed with the supporting medical documents.

1.13 المطالبة/المطالبات المالية: مستند مقدم إلى شركة التأمين أو من يمثلها من مقدم خدمة أو من يمثله أو من المؤمن له أو من حامل الوثيقة، بغرض المطالبة بسداد قيمة نفقات الخدمات الصحية المشمولة ضمن تغطية الوثيقة، والمشفوع بالمستندات الطبية المؤيدة له.



1.14 Denial Codes: Standard messages, utilized for describing or providing information to the service provider or beneficiary by Insurance Companies on the reasons for denying claims.

1.15 Remittance Advice: Electronic data exchange print-out, explaining the payments of Insurance Companies to service provider. It involves details on payments of service provider's claims, reasons for denying claims, all medical codes and requested explanations.

1.16 Deduction Ratio: Part required to be paid by the beneficiary upon receiving the healthcare services at outpatient clinics, as shown (if any) in the policy schedule, save as the excluded cases, such as: emergencies and inpatient care.

1.17 Insurance Coverage: Health benefits available to beneficiary, as outlined in the policy.

1.18 Benefit: Expenses of provision of healthcare services covered by insurance within the limits shown in the policy schedule, including those in the Essential benefits package and voluntary benefits (where applicable).

1.19 The Basis of Direct Charging on the Account of Insurance Company: Non- payment facilities for insured persons on part of service provider or providers appointed by Insurance Company, whereas all such expenses shall, accordingly, be charged on the account of Insurance Company.

1.20 Emergency Case: Emergency medical treatment required based on the beneficiary's medical case, because of accident, occasional event or emergency health case requiring rapid medical intervention, as per the following levels (1. resuscitation. 2. Emergency.) of the levels of urgent medical care, as outlined in Private Health Institutions Law and Its Executive Regulations, approved by the Ministry of Health, set to screen emergencies.

1.14 رموز أسباب الرفض (Denial Codes): هي رسائل قياسية، يتم استخدامها لوصف أو توفير معلومات لمقدم الخدمة أو المستفيد من قبل شركات التأمين بشأن سبب رفض المطالبات.

1.15 إشعار الدفع/التحويل الإلكتروني (Remittance Advice): هي نسخة تبادل بيانات إلكترونية مع شرح دفعات شركات التأمين إلى مقدم الخدمة. ويتضمن تفاصيل حول مدفوعات مطالبات مقدم الخدمة، وأسباب رفض المطالبات مع كافة الرموز الطبية والتفسيرات المطلوبة.

1.16 نسبة التحمل (المشاركة في الدفع): الجزء الذي يلتزم المستفيد بدفعه عند تلقي خدمات الرعاية الصحية في العيادات الخارجية حسب ما هو منصوص عليه (إن وجد) في جدول الوثيقة، ما عدا الحالات المستثناء، كالحالة الطارئة والتنويم.

1.17 التغطية التأمينية: المنافع الصحية المتاحة للمستفيد والمحددة بالوثيقة.

1.18 المنفعة: نفقات توفير خدمات الرعاية الصحية التي تشملها التغطية التأمينية ضمن الحدود المبينة في جدول الوثيقة، بما في ذلك تلك الموجودة في حزمة المزايا الأساسية والمزايا الاختيارية (بحسب الحال).

1.19 أساس الرسوم المباشرة على حساب شركة التأمين: تسهيلات عدم الدفع للأشخاص المؤمن عليهم من جانب مقدم الخدمة أو مقدمي الخدمة المعينين من قبل شركة التأمين ، في حين أن جميع هذه المصارييف يجب ، وفقاً لذلك ، تحميلاها على حساب شركة التأمين.

1.20 الحالة الطارئة: العلاج الطبي الطارئ الذي تقتضيه الحالة الطبية للمستفيد إثر وقوع حادث، أو عارض أو حالة صحية طارئة تستدعي التدخل الطبي السريع حسب المستويات التالية (1- الإنعاش. 2- الطوارئ) من مستويات الرعاية الطبية العاجلة كما هو موضح بنظام المؤسسات الصحية الخاصة ولائحته التنفيذية المعتمدة من وزارة الصحة والذي يحدد فرز الحالات الطارئة.



1.21 Health: State of complete physical, mental, and social safety, not merely the absence of disease or infirmity.

1.22 Treatment: The Insured person visits or requests to the service provider; for diagnosis or treatment of a particular disease state.

1.23 Inpatient Care: Registering the insured person as inpatient by the service provider at least until the morning of the next day, depending on referral by the specialist.

1.24 Healthcare Services: Healthcare services provided by the service provider including but not limited to: all inpatients at hospitals, outpatients, and medications.

1.25 Medical File: Information recorded about the beneficiary, medical history, medical reports, examination results, tests, prescriptions, referrals, and visits.

1.26 Application for the Approval of Sustaining Treatment Costs: Cases in which, the service provider needs forwarding application to Insurance Company, as per the standards of application for sustaining treatment costs, pursuant to Annex No. (1), (2), and (3) of Contract.

1.27 Policy: Cooperative health insurance's principal policies approved or endorsed by the Council, involving the limits, benefits, exceptions, and general conditions, to be issued by Insurance Company, pursuant to insurance application to be submitted by the employer (policy holder) or insured.

1.28 Misuse: A party in the insurance relationship conducting practices leading to unauthorized access to benefits or advantages, without the intention to deceive or deliberately lie and distort facts; for the purpose of gaining a benefit, and what it underlies according to the law and its regulations.

1.21 الصحة: حالة من اكتمال السلامة بدنياً وعقلياً واجتماعياً، لا مجرد انعدام المرض أو العجز.

1.22 المعالجة: طلب أو زيارة المؤمن له إلى مقدم الخدمة بغرض التخفيض أو المعالجة الطبية لحالة مرضية معينة.

1.23 التنويم: تسجيل الشخص المؤمن له كمريض من ومن لدى مقدم الخدمة حتى صباح اليوم التالي على الأقل بناء على تحويل من الطبيب المختص.

1.24 خدمات الرعاية الصحية: خدمات الرعاية الصحية المقدمة من قبل مقدم الخدمة بما في ذلك، على سبيل المثال لا الحصر، جميع المرضى الداخليين في المستشفيات ومرضى العيادات الخارجية والأدوية.

1.25 الملف الطبي: معلومات مدونة عن المستفيد وتاريخه المرضي والتقارير الطبية ونتائج الفحوصات ونتائج أو تقارير الاختبارات ووصفات الأدوية والإحالات التي تم التوجيه بها وزيارات المراجعة.

1.26 طلب الموافقة على تحمل تكاليف العلاج: الحالات التي يحتاج مقدم الخدمة بموجبها الرسال الطلب إلى شركة التأمين حسب معايير طلب الموافقة على تحمل تكاليف العلاج حسب الملاحق رقم (1) و(2) و(3) من العقد.

1.27 الوثيقة: وثائق الضمان الصحي التعاوني الأساسية التي أقرها المجلس والتي تتضمن التحديدات والمنافع والاستثناءات والشروط العامة وتصدرها شركة التأمين بموجب طلب تأمين يقدم من صاحب العمل (حامل الوثيقة) أو المؤمن له.

1.28 إساءة الاستخدام: قيام أي طرف من أطراف العلاقة التأمينية بمارسات قد تؤدي إلى الحصول على منافع أو مزايا غير مخولين للحصول عليها دون أن يتتوفر لديه قصد التدليس والاحتيال أو تعمد الكذب وتشويه الحقائق بغرض الحصول على المنفعة، وما يدخل تحت ذلك بحسب النظام واللائحة.



1.29 Fraud: Any of the parties to the insurance relationship acting or refraining from acting as intended to gain an unfair or illegal advantage for the benefit of the party that commits fraud or for the benefit of other parties, or which involves fraud or deception that results in obtaining benefits, money or providing exemptions or benefits more than permitted limits to an individual or entity, and what it underlies according to the law and its regulations.

1.30 NPHIES: The electronic exchange platform approved by CCHI.

Chapter 2: Obligations

2. PARTIES' OBLIGATIONS

2.1 The Parties must adhere to all laws, regulations, decisions, and instructions either issued by the Council or any relevant governmental authority, including the Cooperative Health Insurance Law as well as its executive regulation.

2.2 The Parties must pay VAT imposed on medical claims, as approved by GAZT, and in compliance with relevant laws and decisions.

2.3 The Parties shall not grant financial incentives associated with directing beneficiaries to other service providers or any department within the service providers the size of work or profit sharing, including but not limited to: Commissions on the requesting laboratory examinations, radiology or medications, or commissions on denied claims.

2.4 The parties must - with regards to Fraud and Misuse – full the following obligations:

1.29 الاحتيال: قيام أي طرف من أطراف العلاقة التأمينية بعمل أو الامتناع عن القيام بعمل يرمي إلى كسب ميزة غير نزيهة أو غير مشروعة لصالح الطرف الذي يرتكب جريمة الاحتيال أو لصالح أطراف أخرى، أو تنتهي على غش أو خداع والذي ينبع عنه الحصول على منافع أو أموال أو تقديم مزايا مستثنة أو تتجاوز الحدود المسموح بها إلى الفرد أو الجهة، وما يدخل تحت ذلك بحسب النظام واللائحة.

1.30 نفيس: منصة تبادل التعاملات الإلكترونية المقررة من قبل المجلس.

الفصل الثاني: التزامات

2. التزامات الطرفين

2.1 يجب على الطرفين التقيد بكافة الأنظمة واللوائح والقرارات والتعليمات سواء الصادرة عن المجلس أو عن غيرها من الجهات الحكومية ذات العلاقة، بما فيها نظام الضمان الصحي التعاوني ولائحته التنفيذية.

2.2 يجب على الطرفين الالتزام بسداد ضريبة القيمة المضافة على المطالبات الطبية وذلك حسب ما تقره الهيئة العامة للرقابة والدخل، والقرارات والأنظمة ذات العلاقة.

2.3 يجب على الطرفين الالتزام بعدم منح حوافز مادية مرتبطة بإحالة المرضى إلى مؤسسات أو منشآت صحية أخرى أو أقسام داخل المؤسسة الصحية ويتضمن ذلك على سبيل المثال لا الحصر: العمولات الخاصة بطلب الفحوص المخبرية أو الأشعة والأدوية والعمولات عن المطالبات المرفوعة.

2.4 يجب على الطرفين - فيما يتعلق بالاحتيال وإساءة الاستخدام - مراعاة الالتزامات التالية:



(a) All claims, approval requests and mutual dealings must be proper, accurate and consistent with the medically necessary.

(b) In cases of claims by one of the parties because of suspected fraud and/or misuse based on accurate evidence and substantiations, the following procedures shall be applied:

1. Clarifying the action taken to verify suspected fraud or misuse, dues in settlement form, in accordance with **Annex No. (5)**.

2. If the corresponding party objects to the action, that party shall have the right in requiring evidence supporting and proving the suspected fraud or misuse, including the audit of medical records and invoices.

3. If a fraud and/or misuse is proven to the affected party, the incident shall be referred to the related investigative body; to conduct investigations and take necessary actions, along with informing the Council of the referral. Considering the regulations issued by the SAMA in this regard.

4. The affected party shall notify the Council of the investigation conclusions and/or verdict (if any); so that the Council can take the regulatory actions in accordance with the Cooperative Health Insurance Law, its executive regulations, instructions, and decisions issued by the Council. If the incident is proven, that shall constitute a substantial breach of the Contract. Then, the affected party shall be entitled to revoke the Contract and claim an indemnity against the damages from the other party. considering the regulations issued by SAMA in this regard.

أ. أن تكون جميع المطالبات وطلبات الموافقة والمعاملات فيما بينهم حقيقة ودقيقة ووفق للحاجة الطبية.

ب. في حال وجود مطالبات أو مستحقات لدى أحد الطرفين يوجد بها شبهة احتيال و/أو سوء استخدام استنادا إلى أدلة وإثباتات دقيقة يتم تطبيق الإجراءات الواردة في الفقرات التالية:

1. إيضاح الإجراء المتتخذ للتحقق من وجود شبهة احتيال أو إساءة استخدام، باستخدام الرموز ذات العلاقة في نموذج التسوية حسب الملحق (5).

2. إذا اعترض الطرف الآخر على الإجراء المتتخذ ، فيتحقق له المطالبة بتزويد بما يؤيد ويثبت وجود شبهة الاحتيال أو إساءة الاستخدام ومن ذلك تدقيق السجلات الطبية وسجلات الفوترة.

3. إذا ثبت للطرف المتضرر وجود احتيال و/أو إساءة استخدام يلتزم بإحالة الواقعة إلى الجهة المختصة للتحقيق فيها واتخاذ الإجراءات النظامية اللازمة، مع إشعار المجلس بالإحالة، مع مراعاة الأنظمة الصادرة عن البنك المركزي في هذا الشأن.

4. يلتزم الطرف المتضرر بإبلاغ المجلس بما تنتهي إليه نتائج التحقيق أو في حال صدور حكم من المحكمة المختصة، حتى يتسرى للمجلس اتخاذ الإجراءات النظامية وفقا لما تقضي به أحكام نظام الضمان الصحي التعاوني ولائحته التنفيذية والتعليمات والقرارات الصادرة عن المجلس، وفي حال ثبوت الواقعة فإن ذلك يشكل إخلال جوهريا بهذا العقد وللطرف المتضرر فسخ العقد والرجوع على الطرف الآخر بالتعويض عما لحقه من ضرر، مع مراعاة الأنظمة الصادرة عن البنك المركزي في هذا الشأن.



(c) Both parties shall use the standards of medical coding and classification as approved by the Council, regarding prior approvals on submission and re-submission of claims, and providing final settlement claims and denial reasons codes.

(d) Both Parties shall abide by the main controls of National Cybersecurity Authority and the laws, regulations, and instructions issued from the Council and SAMA and any relevant laws and regulations to saving or transferring information.

Chapter 3: Technical Obligations

3. TECHNICAL OBLIGATIONS OF FIRST PARTY:

3.1 The Insurance Company shall register the policy simultaneously and automatically via Council's electronic system; thus, the service provider can get all information about the policy, including any amendments thereto, and identify the insured's eligibility prior to rendering service. The Insurance Company shall comply with the Insurance Company's control law for the maintenance of relevant records and books

3.2 The Insurance Company shall have no right, after issuing the policy and approving the service provider, in replacing that service provider, unless a substantial breach is proven, like: a fraud, on the condition that the Insurance Company shall provide an alternate at the same level, in coordination with the policy holder.

3.3 In the event the Insurance Company changes the insurance category of service provider, that service provider shall continue receiving valid policies that were previously approved, until the expiry date thereof.

ج. يلتزم الطرفان باستخدام معايير الترميز الطبي والتصنيف التي يعتمدها المجلس، وذلك في عمليات المapproقات المسقبة في تقديم وإعادة تقديم المطالبات، وتقديم مطالبات التسوية النهائية، ورموزأسباب الرفض.

د. يلتزم الطرفان بالضوابط الأساسية للهيئة الوطنية للأمن السيبراني والأنظمة واللوائح والتعليمات الصادرة من المجلس والبنك المركزي، والأنظمة واللوائح الأخرى ذات العلاقة بحفظ المعلومات أو خلال نقلها بين الطرفين.

الفصل الثالث: الالتزامات الفنية

3. الالتزامات الفنية على الطرف الاول

3.1 تلتزم شركة التأمين بتسجيل الوثيقة بشكل آني وألي من خلال الأنظمة الإلكترونية المعتمدة لدى المجلس بحيث يستطيع مقدم الخدمة الحصول على كافة المعلومات عن الوثيقة، بما في ذلك أي تعديلات تطرأ عليها وكذلك معرفة أحقيّة المؤمن له قبل تقديم الخدمة. كما تلتزم شركة التأمين بما ورد في نظام مراقبة شركات التأمين التعاوني فيما يتعلق بإمساك السجلات والدفاتر ذات الصلة بوثائق التأمين.

3.2 لا يحق لشركة التأمين بعد إصدار الوثيقة وتعميد مقدم الخدمة باستبداله إلا إذا لمست منه إخلالاً جوهرياً بتقديم الخدمة كثبوت قيامه بالاحتيال، على أن تقوم شركة التأمين بتوفير بديل عنه بنفس المستوى بالتنسيق مع حامل الوثيقة.

3.3 في حال قيام شركة التأمين بتغيير الفئة التأمينية لمقدم الخدمة فإنه يستمر في استقبال الوثائق السارية المعتمدة له في السابق وحتى تاريخ انتهاءها.



3.4 The Insurance Company shall approve the request for providing treatment to beneficiaries within (60) minutes at maximum as of the receipt of request. In case of disapproval, the reasons shall be clarified in writing. If the service provider does not receive any response within (60) minutes as of forwarding, the request shall be considered approved in accordance with the Policy. No amendment or cancellation of approved services may be made retroactively, without official notice by the Insurance Company to the service provider, provided also that the service had not been already provided.

3.4 تلتزم شركة التأمين بالرد على طلب مقدم الخدمة بالموافقة لتقديم العلاج للمستفيدين خلال(60) دقيقة كحد أقصى من وقت استلام الطلب، وفي حال عدم الموافقة فيجب توضيح الأسباب كتابياً، وفي حال عدم استلام مقدم الخدمة الرد على طلب الموافقة خلال (60) دقيقة من إرسالها فيتم التعامل مع الطلب على أساس الموافقة وفق منافع الوثيقة، ولا يجوز إجراء أي تعديل أو إلغاء للخدمات الموقّف عليها بأثر رجعي من دون إخطار رسمي من قبل شركة التأمين إلى مقدم الخدمة على مستوى المطالبة ويُشترط لصحة الإجراء ألا تكون الخدمة قد قدمت فعلاً.

3.5 The Insurance Company shall provide a team that Approvals Department shall operate around the clock.

3.5 تلتزم شركة التأمين بأن توفر فريق إدارة الموافقات لديها على مدار (24) ساعة وخلال (7) أيام في الأسبوع.

3.6 excluding the contractual discounts and offers bound to the general volume of business, referrals and or network allocation, with considering the level of healthcare services provided for beneficiaries the Insurance Company may not get commissions or fees from service providers, for the referral of cases.

3.6 باستثناء الخصومات والعروض التعاقدية المرتبطة بالحجم العام للأعمال والإحالات / أو تخصيص الشبكة، ومع مراعاة مستوى خدمات الرعاية الصحية المقدمة للمستفيدين تلتزم شركة التأمين بعدم الحصول على عمولات أو أتعاب من قبل مقدمي الخدمة من أجل تحويل الحالات المرضية.

3.7 Physicians in the Insurance Company may not refer any case for receiving treatment by a service provider in which, the respective physician works or is employed by.

3.7 يلتزم الأطباء في شركة التأمين بعدم تحويل أي حالات مرضية لتلقي العلاج من قبل مقدم الخدمة الذي يعمل لديه الطبيب أو يتبع له.

3.8 The Insurance Company shall have no right, if there is referral request to another service provider, in obligating the insured with a definite service provider, whereas the insured shall have the right in selecting from among a network of approved service providers.

3.8 لا يحق لشركة التأمين في حال وجود طلب التحويل لمقدم خدمة آخر إلزام المؤمن له بمقدم خدمة محدد حيث يحق للمؤمن له الاختيار من ضمن شبكة مقدمي الخدمة المعتمدة له.

4. TECHNICAL OBLIGATIONS OF SECOND PARTY:

4.1 The service provider shall be accredited by CCHI and certified by the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) and obtain all required approvals from the Council.

4.1 يشترط في مقدم الخدمة أن يكون معتمداً من المجلس والمركز السعودي للعتماد المنشآت الصحية (CBAHI) وأن يحصل على كافة الاعتمادات المحددة من المجلس.

4.2 The service provider shall verify the insured's identity (eligibility for treatment) and the validity of insurance policy before providing

4.2 يلتزم مقدم الخدمة بالتحقق من هوية المؤمن له (أهلية العلاج) وسريان وثيقة التأمين قبل تقديم الخدمات



necessary medical services, as per policy benefits and the eligibility for treatment coverage based on direct charging, prior to rendering service. If the service provider treats any person other than Insurance Company's customers, that service provider shall sustain the costs of treatment.

4.3 The service provider shall provide the insured the rates and deductions agreed upon with the Insurance Company against the medical services, to be rendered upon request.

4.4 Adhere to all medical protocols, standards and forms issued from the Council, and including but not limited to the following:

(a) Refer to the definition of health when there are any forms or confusion in the translation of the health services covered in the document.

(b) Apply the Council approved Clinical guidelines and pathways as relevant and ensure your staff are knowledgeable and confident with these guidelines and pathways.

(c) Abide by utilizing the following forms of treatment approval requests:

- The form of treatment approval request for healthcare services (Annex No. 1).
- The form of treatment approval request for dentistry services (Annex No. 2).
- The form of treatment approval request for optics services (Annex No. 3).

(d) Subject to any higher value provided for in the insurance policy, obtain a prior approval, in case the cost of treatment services provision for once probably exceeds SAR 500 for treatment at outpatient clinics or any prescriptions and/or medications more than the previously defined limit.

الطبية اللازمة وفق منافع الوثيقة واستحقاقه للتغطية العلاجية على أساس التقييد المباشر قبل تقديم الخدمة، وفي حالة قيام مقدم الخدمة بعلاج شخص من غير عملاء شركة التأمين فإنه يتحمل تكاليف هذا العلاج.

4.3 يلتزم مقدم الخدمة بتزويد المؤمن لهم بمعلومات الأسعار والخصومات المتفق عليها مع شركة التأمين للخدمات الطبية المقدمة لهم عند طلبها.

4.4 التقييد بكافة النماذج والمعايير والبروتوكولات الطبية الصادرة من المجلس، ومن ذلك على سبيل المثال لا الحصر الآتي:

أ. الرجوع إلى تعريف الصحة عند وجود أي إشكال أو لبس في ترجمة الخدمات الصحية المغطاة بالوثيقة.

ب. تطبيق البروتوكولات الطبية المعتمدة من المجلس حسب الاقتضاء وضمان أن يكون طرف العلاقة التأمينية على دراية ومعرفة بهذه البروتوكولات والمسارات الطبية.

ج. الالتزام باستخدام نماذج طلبات الموافقة العلاجية التالية:

- نموذج طلب الموافقة العلاجية لخدمات الرعاية الصحية (ملحق رقم 1)
- نموذج طلب الموافقة العلاجية لخدمات الأسنان (ملحق رقم 2)
- نموذج طلب الموافقة العلاجية لخدمات البصريات (ملحق رقم 3)

د. مع مراعاة أي قيمة أعلى ينص عليها في وثيقة التأمين، يتم الحصول على موافقة مسبقة إذا كانت تكلفة تقديم الخدمات العلاجية للمرة الواحدة يتحمّل أن تزيد على (500) ريال للمعالجة في العيادات الخارجية وأي وصفات طبية للأدوية و/أو العقاقير تتجاوز الحد المذكور سابقاً.



(e) Approval requests shall incorporate obvious medical information including the medical history, laboratory results, diagnosis, detailed treatment plan, services cost and any other documents or information as requested or deemed necessary for supporting the request and/or clarifying the eligibility. If the data provided to the Insurance Company is proven to be incorrect, the Insurance Company shall have the right in claiming service provider, in case direct or indirect damage is incurred because of such incorrect data.

هـ. يجب أن تتضمن طلبات الموافقة معلومات طبية واضحة بما في ذلك التاريخ المرضي والنتائج المخبرية والتشخيص وخطة العلاج المفصلة وتكلفة الخدمات إضافة إلى أي مستندات أو معلومات يتم طلبها أو تعتبر ضرورية لتأييد الطلب و/أو توضيح الأهلية، وفي حال تبين أن البيانات التي تم تزويدها شركة التأمين بها غير صحيحة، يحق لها الرجوع على مقدم الخدمة في حال وقوع ضرر مباشر أو غير مباشر نتيجة تزويدها بهذه البيانات غير الصحيحة.

(f) Forwarding the request for approval of sustaining the treatment costs for beneficiaries, to the Insurance Company within 15 minutes at maximum as of the application filling by the corresponding physician, considering the standards of request for the approval of sustaining treatment costs, as shown in the regulation (Annex No. 2).

وـ. إرسال طلب موافقة تحمل تكاليف العلاج للمستفيدين إلى شركة التأمين خلال 15 دقيقة كحد أقصى من تعبئة الطبيب المعالج للطلب، مع مراعاة معايير طلب الموافقة على تحمل تكاليف العلاج الملحقة باللائحة (ملحق رقم 2)

(g) Responding to Insurance Company's inquiries or remarks - if any - on approval request within 30 minutes at maximum, as of receipt time.

زـ. الرد على استفسارات أو ملاحظات شركة التأمين - إن وجدت- حول طلب الموافقة خلال 30 دقيقة كحد أقصى من وقت الاستلام.

(h) If no response to the approval request is received within (60) minutes as of receipt thereof, the service provider shall treat the case as approved, after documenting an evidence showing that the Insurance Company has already received the approval request within the defined term.

حـ. في حال عدم استلام الرد على طلب الموافقة خلال (60) دقيقة من إرسالها، يلتزم مقدم الخدمة بالتعامل مع الحالة على أساس الموافقة، وذلك بعد التأكد من توثيق ما يثبت أن شركة التأمين استلمت طلب الموافقة أثناء هذه المدة المحددة.

(i) Referring claims to the Insurance Company, on the condition that each claim shall incorporate the gross sum of money, the agreed discount (if any), deductible ratio by the insured (if any) as well as the net cost requested to be paid by the Insurance Company.

طـ. رفع المطالبات لشركة التأمين على أن تتضمن كل مطالبة المبلغ الإجمالي (Gross) ومبلغ الخصم المتفق عليه (إن وجد) ومبلغ الاقتطاع/نسبة التحمل من المؤمن له (إن وجد) ثم صافي التكلفة (NET) المطلوب دفعه من شركة التأمين.



4.5 the service provider shall be approved to receive emergency cases, as per the determined level of urgent medical care, without obliging the insured to pay any costs of treatment services, but they shall be directly charged on the account of Insurance Company, according to the following procedures:

- (a) The service provider shall render services to the emergency cases directly and without need to refer to the Insurance Company.
- (b) Without prejudice to Chapter (3), Item (4.4), Paragraph (d), the Insurance Company shall be informed within 24 hours at maximum as of time of case receipt.
- (c) (In the event the service provider delays in referring the case to the Insurance Company without reasonable excuse within the defined term, its right in indemnity shall be lapsed.
- (d) In case of disapproving the continuance of treatment, the Insurance Company shall have the right in transferring the insured after the health condition thereof becomes stabilized, to a service provider within the approved network of service providers of the insured.

4.6 If the service provider is contracted with the Insurance Company: The Insurance Company shall pay the claims of service provider, pursuant to the price list and the mechanism agreed upon in the Contract executed between parties.

4.7 If the service provider is not contracted with the Insurance Company: The Insurance Company shall pay the claims directly to the non-contracted service provider for the period passed by the insured for receiving treatment for emergency cases, depending on prices approved by the Ministry of Health.

4.5 يجب على مقدم الخدمة استقبال مرضى الحالات الطارئة حسب ما تم تحديده من مستويات الرعاية الطبية العاجلة دون إلزام المؤمن لهم بدفع أي تكاليف للخدمات العلاجية وتقييدها مباشرة على حساب شركة التأمين حسب الإجراءات التالية:

- أ. يلتزم مقدم الخدمة بتقديم الخدمة للحالات الطارئة مباشرة ودون الحاجة للرجوع لشركة التأمين
- ب. مع عدم الإخلال بما ورد في الفصل الثالث البند (4.4) فقرة (د)، يتم إبلاغ شركة التأمين خلال مدة أقصاها 24 ساعة من وقت استقبال الحالة.
- ج. في حال تأخر مقدم الخدمة في رفع الحالة لشركة التأمين دون عذر معقول منه من الإبلاغ خلال المدة المحددة، يسقط حقه في التعويض.
- د. يحق لشركة التأمين في حال عدم الموافقة علىمواصلة العلاج نقل المؤمن له بعد استقرار حالته الصحية إلى مقدم خدمة داخل شبكة مقدمي الخدمة المعتمدة للمؤمن له.

4.6 في حال وجود تعاقد لمقدم الخدمة مع شركة التأمين: تلتزم شركة التأمين بسداد مطالبات مقدم الخدمة حسب قائمة الأسعار والآلية المتفق عليها في العقد المبرم بين الطرفين.

4.7 في حال عدم وجود تعاقد لمقدم الخدمة مع شركة التأمين: تلتزم شركة التأمين بسداد المطالبات بشكل مباشر لمقدم الخدمة غير المتعاقد معه عن الفترة التي قضتها المؤمن له لتلقي علاج الحالات الطارئة وذلك بناءً على الأسعار المعتمدة لدى وزارة الصحة.



4.8 In case of receiving patients of emergencies, whose insurance status cannot be verified: Healthcare services standards approved by MoH shall be abided by, If the patient is found insured, the above-mentioned procedures shall be applied, then justifications for delaying claim shall be referred.

4.9 The service provider shall receive the insured and provide the treatment services through all physicians operating at its health entity, whether the part or full-time personnel, within the limits of benefits covered under the insurance policy, as per the agreed prices, without any discrimination between physicians.

4.10 The service provider's physician shall have no right in requesting money transfer or receiving any sums of money from the insured to the personal account thereof.

4.11 Service provider's all physicians shall provide the treatment services to the insured, within the service provider's working hours.

4.12 The service provider shall guaranty that its health facility's approvals department shall continue working throughout the working hours, without interruption,

4.13 The service provider shall provide medical review for free to the insured patient within at least fourteen days for the same case diagnosed in the first examination. In line with the executive regulation of Private Health Institutions Law.

4.14 The service provider shall also dispense medications registered and priced by Saudi Food and Drug Authority, in accordance with Council's identified proceedings including (medication guide for health insurance) pursuant to the maximum limit set forth in Chapter (3), Item (4), Paragraph (b).

4.15 The service provider shall ensure that all medications are as per the prescription of physician and for the treatment of covered case.

4.8 في حال استقبال مرضى حالات طارئة لا يمكن التتحقق من حالتهم التأمينية: يتم التقيد بمستويات خدمات الرعاية الصحية المعتمدة لدى وزارة الصحة ، وفي حال تبين أن المريض مؤمن له يتم تطبيق الإجراءات المذكورة أعلاه ويتم رفع مبررات التأخير في رفع المطالبة.

4.9 يلتزم مقدم الخدمة باستقبال المؤمن له وتقديم الخدمات العلاجية لدى جميع الأطباء العاملين في منشأته الصحية سواء كانوا بدوام جزئي أو كلي في حدود المنافع المغطاة ضمن وثيقة التأمين حسب الأسعار المتفق عليها بين الطرفين وبدون أي تمييز بين الأطباء.

4.10 لا يجوز للطبيب المعالج لدى مقدم الخدمة طلب تحويل مالي أو استلام أي مبالغ نقدية من المؤمن له لحسابه الشخصي.

4.11 يلتزم كافة أطباء مقدم الخدمة بتقديم الخدمات العلاجية للمؤمن لهم خلال فترة ساعات العمل لمقدم الخدمة.

4.12 يلتزم مقدم الخدمة بضمان استمرار عمل إدارة المخالفات لديه طوال فترة ساعات العمل دون انقطاع.

4.13 يلتزم مقدم الخدمة بتقديم المراجعة الطبية بشكل مجاني للمريض المؤمن له خلال أربعة عشر يوماً بحد أقصى لذات الحالة التي تم تشخيصها من الكشف الأولي، بما يتوافق مع اللائحة التنفيذية لنظام المؤسسات الصحية الخاصة.

4.14 يلتزم مقدم الخدمة بصرف الأدوية والعقاقير المسجلة والمسعرة من الهيئة العامة للغذاء والدواء ووفق الإجراءات المحددة من المجلس بما في ذلك (دليل الأدوية للتأمين الصحي) وفقاً للحد الأعلى المذكور في الفصل الثالث البند (4.4) فقرة (ب).

4.15 يلتزم مقدم الخدمة بأن تكون جميع الأدوية حسب الوصفة الطبية للطبيب المعالج ولعلاج الحالة المغطاة بالوثيقة.



4.16 The service provider shall ensure the maximum period of medication prescription is to be 14 days, except for chronic or acute cases.

4.17 The service provider shall consider the following upon rendering the healthcare services:

(a) In the event the beneficiary is referred from a general practitioner to a specialist or consultant for receiving the healthcare services, along with the need to continue treatment for the same case of referral, there is no need to get referral again from the general practitioner.

(b) The beneficiary shall bear the difference of examination costs, if directly seeing the specialist or consultant as outlined in the policy, without referring to the general practitioner - of the service provider - for evaluating the case.

4.18 The main health service provider shall ensure that any other service provider is approved by the Council and CBAHI.

4.19 The service provider acknowledges taking responsibility for the final medical decision on healthcare services to beneficiaries inclusive of the quality and appropriateness of such care and services. The service provider realizes also that the approval request for treatment on part of the Insurance Company is meant to verify the stipulations of request for medical intervention within the limits of cost effectiveness. Consequently, this verification may not affect, in any way, the service provider's decision on the provision of appropriate healthcare services to the patient.

4.20 The service provider shall provide physicians operating in Insurance Companies with all requested information and documents at their disposal, for reviewing. Moreover, the physicians may access hospital rooms, medical supervision offices and medical files of beneficiaries or patients treated or being treated, whenever necessary for completing review tasks entrusted thereto, in coordination with the concerned body.



4.16 يلتزم مقدم الخدمة بأن تكون الفترة القصوى لوصفة الأدوية 14 يوماً باستثناء الحالات المزمنة أو للعلاج اللازم للحالات الحادة.

4.17 يلتزم مقدم الخدمة عند تقديم خدمات الرعاية الصحية بمراعاة الآتي:

أ. في حال تحويل المستفيد من طبيب عام إلى أخصائي أو استشاري لتلقي خدمات الرعاية الصحية مع استمرار حاجته مواصلة العلاج لنفس الحالة المرضية التي حول بسببها، فإنه لا حاجة لمعاودة حصوله على تحويل من الطبيب العام.

ب. يتحمل المستفيد فرق تكاليف الكشف في حالة قيامه مباشرة بمراجعة الطبيب الأخصائي أو الاستشاري كما هو موضح بالوثيقة، دون مراجعته للطبيب العام لتقييم الحالة - في حال وجود طبيب عام لدى مقدم الخدمة - .

4.18 يلتزم مقدم الخدمة الرئيسي في حال التعامل مع مقدم خدمة آخر بأن يكون الأخير معتمد من كل من المجلس ومجلس المركز السعودي الاعتماد المنشآت الصحية.

4.19 يقر مقدم الخدمة بمسؤوليته عن القرار الطبي النهائي بشأن خدمات الرعاية الصحية المقدمة إلى المستفيدين بما في ذلك جودة وملاءمة هذه الرعاية والخدمات، ويدرك مقدم الخدمة أن طلب الموافقة العلاجية من قبل شركة التأمين هو للتحقق من اشتراطات طلب التدخل الطبي في حدود فعالية التكلفة الموضحة وبناء عليه لا يجوز أن يؤثر هذا التتحقق بأي طريقة على قرار مقدم الخدمة في تقديم خدمات الرعاية الصحية المناسبة إلى المريض.

4.20 يلتزم مقدم الخدمة بتزويد الأطباء العاملين في شركات التأمين بجميع المعلومات المطلوبة، وأن يضعوا تحت تصرفهم كافة المستندات الازمة للقيام بأعمال المراجعة، ويجوز للأطباء دخول غرف المستشفى ومكاتب الإشراف الطبي والاطلاع على الملفات الطبية للمستفيدين أو المرضى الذين عولجوا فيه أو يجري فيه علاجهم وذلك حينما تقتضي الضرورة ذلك لإنجاز مهمات المراجعة المسندة إليهم بالتنسيق مع الجهة المعنية.

4.21 Considering the instructions issued from the Ministry of Health, the service provider shall maintain all records of Saudi citizens, for unlimited term, and for ten years as to expatriates, as of the date of last entry. The medical records may not be damaged, except after the lapse of aforesaid terms.

4.22 The service provider shall submit all claims to the Insurance Company, according to the instructions of (NPHIES), or any subsequent instructions issued by the Council in this regard pursuant to the terms identified by the Council's Secretariat.

4.23 The service provider shall develop a list of data of the Insurance Company and other Insurance Companies with which it deals in Arabic alphabetical order, without any preference or distinction between one company and another, besides a guidance board of Council's contact details in apparent place that is visible to all beneficiaries.

4.24 The service provider shall have no right in receiving commissions on the referral of insured to another service provider.

Chapter 4: Financial Obligations

5. FINANCIAL LIABILITIES BETWEEN PARTIES (SETTLEMENT MECHANISM):

5.1 The service provider shall submit claims directly or through RCM Company to the Insurance Company directly or to claims management company if there is contract, within no more than (30) working days as of claims' maturity date, in accordance with Annex No. (4).

5.2 If the service provider delays in submitting claim as per Paragraph (1) of this Chapter, without a reasonable excuse, the Insurance Company shall have the right in denying claims after the lapse of (30) working days as of claims' maturity date, in pursuance of Annex No. (5).

4.21 مع مراعاة التعليمات الصادرة عن وزارة الصحة، يلتزم مقدم الخدمة بأن يحتفظ بكلية السجلات لمدة غير محددة للمواطنين السعوديين ومدة عشر سنوات للوافدين إلى المملكة وذلك من تاريخ آخر إدخال على هذه السجلات ويحظر إتلاف السجلات الطبية نهائياً إلا بعد انقضاء المدد المذكورة أعلاه.

4.22 يلتزم مقدم الخدمة بتقديم كافة المطالبات إلى شركة التأمين وفقاً لتعليمات برنامج "نفيس" أو أي تعليمات لاحقة تصدر من المجلس في هذا الشأن، ووفقاً للمدد المحددة من الأمانة العامة للمجلس.

4.23 يلتزم مقدم الخدمة بوضع قائمة ببيانات شركة التأمين وشركات التأمين الأخرى التي يتعامل معها بالتسليسل الأبجدي لأسماء الشركات باللغة العربية وبدون أي دلالة أو تفضيل أو تمييز بين شركة وأخرى وكذلك لوحدة استرشادية عن وسائل التواصل مع المجلس في مكان بارز وظاهر للعيان أمام المستفيدين.

4.24 لا يجوز لمقدم الخدمة الحصول على عمولات مقابل تحويل المؤمن له لمقدم خدمة آخر.

الفصل الرابع: التزامات المالية

5. الالتزامات المالية بين الطرفين (آلية التسوية)

5.1 يلتزم مقدم الخدمة برفع المطالبات بشكل مباشر أو من خلال شركة إدارة دورة الإبرادات إلى شركة التأمين مباشرةً أو إلى شركة إدارة المطالبات في حال وجود تعاقد وذلك خلال مدة لا تزيد عن (30) يوم من تاريخ الحصول على الخدمة حسب الملحق (4).

5.2 في حال تأخر مقدم الخدمة في تقديم المطالبة حسب الفقرة (1) من هذه المادة دون عذر معقول، يحق لشركة التأمين رفض المطالبات بعد مرور (30) يوم من تاريخ استحقاق المطالبات حسب الملحق (5).



5.3 The Insurance Company shall settle and pay service providers completed and acceptable claims within at maximum (30) working days as of receipt of claims, then shall forward settlement form to the service provider. If claims are rejected, the Insurance Company sends a statement of the rejected claims and the reasons for their rejection.

5.4 In the event that the Insurance Company responded by Denial: The service provider shall revise the denials and provide the Insurance Company with claim's supporting documents within at maximum (15) working days as of date of receiving denials, in accordance with Annex No. (4).

5.5 If the service provider delays in submitting denied claim's supporting documents as per Paragraph (4) above, the Insurance Company shall have the right in denying claims after the lapse of (15) working days as of claims' maturity date.

5.6 The Insurance Company shall revise documents forwarded by the service provider on the re-submission of denied claims. Additionally, the Insurance Company shall pay and make the final settlement within at maximum (15) working days as of date of receiving claims having remarks, with the necessity of sending the settlement form to service provider, stating the claims that remain denied, as per Annex No. (5).

5.7 In case of delaying in paying the completed and acceptable claims, the service provider shall have the right in informing the Council of non-payment of any dues.

5.8 In case of paying any surplus, repeated, or other sums of money more than service provider's dues against the covered services provided to the insured, the Insurance Company may recover the requested amounts of money via clearance or deduction from current or future dues, after filling the form of claims' settlement as per Annex No. (5) and clarifying the reasons behind excess payment received by the service provider. The recovery shall be made after notifying either party and its approval of repayment provided that full details of the payments and the period are provided.

5.3 تلتزم شركة التأمين بتسوية وسداد مطالبات مقدمي الخدمة المكتملة والمقبولة بحد أقصى خلال (30) يوم من تاريخ استلام المطالبات، وإرسال نموذج التسوية لمقدم الخدمة وفي حال رفض المطالبات تقوم شركة التأمين بإرسال كشف عن المطالبات المرفوضة وأسباب رفضها.

5.4 في حال كان رد شركة التأمين بالرفض، يلتزم مقدم الخدمة بمراجعة الملفوفات وتزويد شركة التأمين بالمستندات المؤيدة للمطالبة بحد أقصى خلال (15) يوم من تاريخ استلام الملفوفات حسب الملحق (4).

5.5 في حالة تأخر مقدم الخدمة في تقديم المستندات المؤيدة للمطالبة المرفوضة حسب الفقرة (4) أعلاه، يحق لشركة التأمين رفض المطالبات بعد مرور (15) يوم من تاريخ استحقاق المطالبات.

5.6 تلتزم شركة التأمين بمراجعة المستندات المرسلة من مقدم الخدمة بخصوص إعادة التقديم للمطالبات المرفوضة وتلتزم بالسداد وعمل المصالحة النهائية بحد أقصى (15) يوم من تاريخ استلام المطالبات التي يوجد عليها ملاحظات مع ضرورة إرسال نموذج التسوية لمقدم الخدمة مبيناً المطالبات التي لا زالت مرفوضة حسب الملحق (5).

5.7 في حال التأخير بدفع المطالبات المكتملة والمقبولة يكون لمقدم الخدمة الحق بإبلاغ المجلس بعدم سداد أي دفعات تكون مستحقة له.

5.8 في حالة سداد أي مبالغ مالية زائدة أو مبالغ مالية مكررة أو مبالغ مالية أخرى تزيد عن تلك التي يستحقها مقدم الخدمة عن الخدمات المشتملة المقدمة إلى المؤمن له يجوز لشركة التأمين استرداد المبالغ المطلوبة عن طريق المعاشرة أو الاسترداد من الدفعات الجارية أو المستقبلية بعد تعبئة نموذج تسوية المطالبات حسب الملحق (5) وتوضيح أسباب الدفعة الزائدة التي حصل عليها مقدم الخدمة ويجب أن يكون الاسترداد بعد إخطار أي من الطرفين وموافقته قبل إعادة المبلغ مشروطاً بتوفير تفاصيل كاملة للمدفوعات والفترات.



5.9 Settlement form signed by both parties' authorized persons as per Annex No. (5) or via NPHIES, a copy of which is sent via e-mail, shall be deemed approved for settling claims, and shall be deemed also pretense against each party.

5.10 If parties do not reach a final settlement or agreements are failed, the damaged party shall refer the matter to Council's Health Insurance Disputes Center, within at maximum 30 working days as of date on which, service provider receives the remained denied claims from the Insurance Company.

5.11 If parties do not reach a final settlement or agreements are failed, the Council's Health Insurance Disputes Center shall refer both parties to the competent judicial bodies.

5.12 All claims shall be submitted to the Insurance Company by service provider, by filling payment notice form on part of Insurance Company in accordance with Annex No. (5) using the bank account number shown in the annex. In case of changing the account number/IBAN, the service provider shall sign letter for requesting the change by the contact person, on the condition that all payments shall be made in Saudi Riyal (SAR).

Chapter 5: Claims Management Companies

6. THE ROLE OF COMPANY OF HEALTH INSURANCE CLAIMS' MANAGEMENT

The Insurance Company shall have the right to contract with one of the claims management companies qualified by the Council to act as an administrative agent only on behalf of the Insurance Company in carrying out the management of health care services provision claims and the procedures of settlement and payment, provided that the following is adhered to when contracting therewith:

5.9 يعتبر نموذج التسوية الموقعة من قبل المخولين لدى الطرفين حسب الملحق (5) أو من خلال نفيس والمرسل نسخه منه بالبريد الإلكتروني معتمد لتسوية المطالبات، وحجة على الطرفين.

5.10 في حال عدم اتفاق أحد الطرفين على التسوية النهائية أو عدم حصول أية تسوية أو تعثرها فيقوم الطرف المتضرر بالتقدم لمركز الصلح في منازعات التأمين الصحي التابع للمجلس وذلك بحد أقصى (30) يوم عمل من تاريخ استلام مقدم الخدمة المطالبات التي لازالت مرفوضة من شركة التأمين.

5.11 في حال عدم اتفاق أحد الطرفين على التسوية أو تعثرها يقوم مركز الصلح في منازعات التأمين الصحي التابع للمجلس بتوجيه الطرفين للجهات القضائية المختصة.

5.12 يجب تقديم جميع المطالبات إلى شركة التأمين من قبل مقدم الخدمة بتعبيئة نموذج إشعار السداد من قبل شركة التأمين حسب الملحق (5) وعلى رقم الحساب البنكي الموضح في الملحق وفي حالة تغيير رقم الحساب / الحسابات البنكية (IBAN) فإن على مقدم الخدمة توقيع خطاب طلب تغييره من قبل ضابط الاتصال، وعلى أن تكون جميع الدفعات بالريال السعودي.

الفصل الخامس: شركات إدارة المطالبات

6. التزامات شركة إدارة مطالبات التأمين الصحي

يحق لشركة التأمين التعاقد مع إحدى شركات إدارة المطالبات المؤهلة من المجلس للعمل كوكيل إداري فقط بالنيابة عن شركة التأمين في القيام بإدارة مطالبات تقديم خدمات الرعاية الصحية وإجراءات التسويات والدفع، بشرط أن يتضمن العقد المبرم بين شركة التأمين وشركة إدارة مطالبات التأمين الصحي الالتزامات التالية:



6.1 Delivering to the service provider a list of the Insurance Companies contracted with as an administrative agent for it, and this list shall be updated by the claim's management company as soon as there is a change therein.

6.2 Providing the contracted service provider with written verification from each Insurance Company authorized to represent it and act on its behalf in all claim's management and settlement tasks. The service provider shall, within one week from the date of receiving this information and documents, notify the claims management company of its unwillingness to receive beneficiaries from this Insurance Company, and if such notification is not given within the specified time, the service provider shall be deemed to have agreed to receive the beneficiaries under the terms of this contract.

6.3 Prohibition of taking any commissions or fees from the service providers, including commissions for referring cases and commissions on medical bills.

6.4 Prohibition of management company's doctors transferring any cases to be treated by the service provider they work for.

Chapter 6: Revenue Cycle Management

7. THE ROLE OF REVENUE CYCLE MANAGEMENT COMPANY (RCM)

The service provider shall have the right to contract with a revenue cycle management company to work under an authorization therefrom to accomplish (all or some of) the tasks listed below, provided that the contracting procedures between the service provider and the revenue cycle management company include a confirmation that the company shall adhere to the standards approved by the Council regarding revenue cycle operations; it shall also comply with the relevant contractual conditions between the service provider and the Insurance Company herein; and that it shall not be responsible for any breach by the service provider or for the accuracy of medical information that shall remain the service provider's and the medical staff's responsibility, the contract with the RCM shall also include the following obligations on the RCM:

6.1 تسليم مقدم الخدمة بقائمة لشركات التأمين المتعاقد معها كوكيل إداري لها ويجب تحديث هذه القائمة من قبل شركة إدارة المطالبات فور حصول تغيير فيها.

6.2 تسليم مقدم الخدمة المتعاقد معه إثباتاً كتابياً من كل شركة تأمين تكون مخولة بتمثيلها والعمل نيابة عنها في كافة مهام إدارة وتسوية المطالبات، وعلى مقدم الخدمة خلال أسبوع واحد من تاريخ استلام هذه المعلومات والمستندات إخطار شركة إدارة المطالبات بعدم رغبته في استقبال المستفيدين من شركة التأمين هذه، وإذا لم يتم الإخطار خلال الوقت المحدد يعتبر مقدم الخدمة بأنه قد وافق على استقبال المؤمن لهم وفقاً لبنيود هذا العقد.

6.3 عدم جواز أخذ أي عمولات أو أتعاب من مقدمي الخدمة بما في ذلك عمولات تحويل الحالات المرضية وعمولات على الفواتير العلاجية.

6.4 منع طبيب شركة إدارة المطالبات تحويل أي حالات مرضية لتلقي العلاج في مقدم الخدمة الذي يعمل لديه.

الفصل السادس: إدارة دورة الإيرادات

7. التزامات شركة إدارة دورة الإيرادات (RCM)

يحق لمقدم الخدمة التعاقد مع شركة إدارة دورة الإيرادات للعمل بموجب تفويض منه إنجاز بعض أو جميع المهام الواردة أدناه بشرط أن يتضمن العقد المبرم بين مقدم الخدمة وشركة إدارة دورة الإيرادات أن تلتزم الشركة بالمعايير المعتمدة من قبل المجلس بخصوص عمليات دورة الإيرادات، كما تلتزم بالشروط التعاقدية ذات العلاقة فيما بين مقدم الخدمة وشركة التأمين الواردة في هذا العقد، وال تكون مسؤولة عن أي خرق يقع من قبل مقدم الخدمة أو عن دقة المعلومات الطبية والتي تبقى على عاتق مقدم الخدمة والكادر الطبي، كما يجب تضمين الشروط التالية في العقد الذي يبرم مع شركة إدارة دورة الإيرادات:



- 7.1 Cooperation in pricing the service providers' services.
- 7.2 Negotiate with Insurance Companies to reach an agreement on prices and networks that can be accepted by health service providers in facilities.
- 7.3 Register patients and inspect their eligibility to receive treatment by the service provider.
- 7.4 Obtain pre-approvals.
- 7.5 Prepare and codify medical claims and submit the same to the Insurance Companies by uploading them on NPHIES.
- 7.6 Follow up with the Insurance Companies to collect the value of the claims.
- 7.7 Prepare and resubmit the rejected claims.
- 7.8 Close the settlement for totally or partially rejected claims after resubmitted if this is done annually or semi-annually.
- 7.9 Revenue cycle management companies shall have the right to manage the following departments at service providers' sites: Pre- approvals, accounting, patient registration, in addition to other services that are provided from a revenue cycle management company's site.
- 7.1 التعاون في تسعير خدمات مقدمي الخدمات.
- 7.2 التفاوض مع شركات التأمين للوصول لاتفاق على الأسعار والشبكات التي يمكن مقدمي الخدمات قبولها في المنشآت.
- 7.3 تسجيل المرضى ومعاينة أحقيتهم لتلقي العلاج لدى مقدم الخدمة.
- 7.4 الحصول على الموافقات المسبقة.
- 7.5 إعداد وترميز المطالبات الطبية وتقديمها لشركات التأمين عن طريق تحميلها من خلال برنامج "نفيس".
- 7.6 المتابعة مع شركات التأمين للقيام بتحصيل قيمة المطالبات.
- 7.7 إعداد المطالبات المرفوضة وإعادة تقديمها.
- 7.8 إغلاق التسوية عن المطالبات المرفوضة كلياً أو جزئياً بعد إعادة التقديم، على أن يتم ذلك بشكل سنوي أو نصف سنوي.
- 7.9 يحق لشركات إدارة دورة الإيرادات إدارة الأقسام التالية لدى موقع مقدمي الخدمة: الموافقات المسبقة، والمحاسبة، وتسجيل المرضى، بالإضافة إلى الخدمات الأخرى التي يتم تقديمها من موقع شركة إدارة دورة الإيرادات.

Chapter 7: Prices of Services

8. SERVICE PRICES

- 8.1 The two parties have agreed on the approved rates and deductions list for healthcare services presented by the service provider with a commitment to medical coding and in accordance with the form and clinical manuals approved by the Council, and according to Attachment No. (6).

الفصل السابع: أسعار الخدمات

8. أسعار الخدمات

- 8.1 اتفق الطرفان على قائمة الأسعار والخصومات المعتمدة لخدمات الرعاية الصحية المقدمة من قبل مقدم الخدمة مع الالتزام بالترميز الطبي ووفقاً للنموذج والأدلة الإكلينيكية المعتمدة من المجلس، وبحسب الملحق رقم .(6)



8.2 Subject to the provisions of Paragraph 1 of this Article (Article 8), both parties shall notify the other in writing of its desire to review the prices of any services or include new services 45 working days before the end of the contract term. In such case, the two parties shall negotiate the prices if they are technically justified and based on objective grounds and that their value is in no way less than the real cost of the service. Considering the law of private health institutions as well as the pricing rules contained in the executive regulations of the Insurance Company control law

8.3 In accordance with the instructions of the Food and Drug Authority, updates of the price list shall be permitted for drugs.

8.4 The two parties shall be obligated to undertake claims invoicing according to the minimum data set (MDS) approved by the Council as per Attachment No. (4).

Chapter 8: The Insured

9. BENEFICIARIES' RIGHTS

The two parties acknowledge that they fully know the rights of the beneficiaries in accordance with the Council and SAMA's laws and implementing regulations and are fully committed thereto, including:

9.1 The beneficiaries shall obtain equal rights regarding healthcare services as required and without any discrimination in accordance with the policy schedule and the applicable regulation.

9.2 In the event that a beneficiary is hospitalized and there is no room equivalent to their entitlement under the policy benefits schedule, the service provider shall provide a higher level of accommodation if it is available at the same cost. The beneficiary may waive the requirements of this clause if an acceptable alternative is provided thereto, provided that they expressly agree on the same by signing a waiver.

8.2 مع مراعاة ما تضمنته الفقرة (1) من هذه المادة، يجب على كل من الطرفين إخبار الطرف الآخر كتابياً برغبته في مراجعة أسعار أي خدمات أو إدراج خدمات حديثة وذلك قبل 45 يوم عمل من انتهاء مدة العقد وفي هذه الحالة يقوم الطرفان بالتفاوض على الأسعار بشرط أن تكون مبررة فنياً وترتكز على أساس موضوعية، وألا تقل قيمتها بأي حال من الأحوال عن التكلفة الحقيقية للخدمة، مع مراعاة نظام المؤسسات الصحية الخاصة وكذلك قواعد التسعير الواردة في اللائحة التنفيذية لنظام مراقبة شركات التأمين.

8.3 يجوز إجراء تحديات لقائمة الأسعار بالنسبة للأدوية بما يتوافق مع تعليمات الهيئة العامة للغذاء والدواء.

8.4 يلتزم الطرفان بأن تتم الفوترة للمطالبات حسب بيانات الحد الأدنى المقرة من المجلس (MDS) حسب الملحق رقم (4).

الفصل الثامن: المؤمن لهم

9. حقوق المؤمن لهم

يقر الطرفان بمعرفتهم الكاملة بحقوق المؤمن لهم والتزامهم التام بها وفقاً لأنظمة المجلس والبنك المركزي ولوائحها التنفيذية، بما في ذلك:

9.1 يجب أن يحصل المؤمن لهم على حقوق متساوية فيما يخص خدمات الرعاية الصحية بالشكل المطلوب وفقاً لجدول وثيقة التأمين وبما لا يتعارض مع النصوص وللأنظمة المعتمدة بها والساربة بحق الأطراف.

9.2 يلتزم مقدم الخدمة في حالة تنويم المؤمن له ولم تتوفر غرفة تعادل المستحقة له بموجب جدول منافع الوثيقة بتوفير مستوى إقامة أعلى بنفس التكلفة إذا كانت متوفرة، ويجوز للمؤمن له التنازل عن متطلبات هذا البند إذا تم توفير بديل مقبول لديه على أن يوافق عليه صراحة بالتوقيع على تنازل.



9.3 The service provider shall provide the beneficiary with the costs of every health service provided thereto upon the beneficiary request.

9.4 The service provider shall charge the deduction amount (deductible percentage) on the beneficiary from the net cost after deducing the deductible amounts agreed upon with the Insurance Company, the (Net) not the (Gross).

9.5 The service provider shall explain to the beneficiary the treatment plan and coverage extent within the policy, and in the event of any additional amounts incurred by the beneficiary, their signature shall be obtained before carrying out any treatment procedure.

Chapter 9: Confidentiality of Data

10. PRIVACY AND CONFIDENTIALITY

10.1 The two parties shall take into account the confidentiality of the information related to this contract or the other party, its business, operations, or clients unless this information has been disclosed to the public by either of the parties and when the disclosure is made at the request of a government entity in the Kingdom that has the legal jurisdiction to request this information, and the disclosure was made confidentially and privately to professional consultants of the concerned party, subject to the provisions of the laws and regulations issued by the Council, SAMA and other government authorities in this regard.

10.2 The two parties undertake to maintain and use the information or data received from the other party only as per the purpose intended for the service, and not to misuse this data or information in a manner that is inconsistent with the privacy duties and the data owners' rights.

9.3 يلتزم مقدم الخدمة بتزويد المؤمن له بتكاليف كل خدمة صحية قدمت له عند طلبه.

9.4 يلتزم مقدم الخدمة باحتساب مبلغ الاقتطاع (نسبة التحمل) على المؤمن له من صافي التكفة بعد الخصومات المتفق عليها مع شركة التأمين (Net) وليس الإجمالي (Gross).

9.5 يلتزم مقدم الخدمة بإيضاح الخطة العلاجية للمؤمن له ومدى تغطيتها من ضمن الوثيقة، وفي حال وجود أي مبالغ إضافية يت肯دها المؤمن له فيتوجب الحصول على توقيعه قبل القيام بأي إجراء علاجي.

الفصل التاسع: سرية البيانات

10. خصوصية البيانات وسرية المعلومات

10.1 يجب على الطرفين مراعاة سرية المعلومات التي تتعلق بهذا العقد أو بالطرف الآخر أو أعماله أو عملياته أو عمالئه، ما لم تكن هذه المعلومات قد تم الإفصاح عنها للجمهور عن طريق أي من الطرفين، وما لم يكن الإفصاح قد تم بناءً على طلب من جهة حكومية في المملكة يتعهد لها الاختصاص القانوني بطلب هذه المعلومات، وما لم يكن الإفصاح قد تم بشكل سري وخاصة للمستشارين المهنيين للطرف المعنى، مع مراعاة أحكام الأنظمة واللوائح الصادرة عن كل من المجلس والبنك المركزي والجهات الحكومية الأخرى في هذا الشأن.

10.2 يتعهد الطرفان باستخدام المعلومات أو البيانات الواردة إليه من الطرف الآخر وفقاً للغرض المخصص للخدمة فقط والمحافظة عليها، وعدم إساءة استخدام هذه البيانات أو المعلومات على نحو يتنافى مع واجبات الخصوصية وحقوق أصحاب تلك البيانات.



10.3 The validity of obligations relating to privacy and confidentiality shall extend even after the contract termination or expiration.

10.4 Confidentiality Limits:

The two parties acknowledge that the information that is or will be available to each of them about the implementation of the contractual obligations is a confidential data and both parties have agreed on the following: -

(a) Data confidentiality provisions shall extend to their employees, including doctors, technicians, coders, administrators, and other employees of both parties or those who contract directly or indirectly therewith such as revenue cycle management companies, claims management companies, etc.

(b) Neither party may disclose any beneficiary-related medical data or records which are or will be in the possession thereof.

(c) Neither party may assign any of the administrative tasks to any party outside the Kingdom.

(d) Confidentiality provisions shall not apply to the following information:

(i) Information that is deemed to be public information.

(ii) Information that is requested from the Council and other entities that have legal jurisdiction.

11. CONTRACT TERM.

The contract term shall be 3 years starting from 1 May 2024, and it is automatically renewed for similar periods with the same term and conditions unless one of the parties notifies the other of its intention not to renew the contract in writing at least sixty days (60) prior to the termination of the initial term of the contract or any renewal term thereof, and all transactions related to this contract shall be dated as per the Gregorian calendar.

10.3 يمتد سريان الالتزامات المتعلقة بالخصوصية والسرية حتى بعد إنتهاء العقد أو انتهاء سريانه.

10.4 حدود السرية:

يقر الطرفان بأن المعلومات المتوفرة او التي تتصرف متوفرة لدى كل منهما فيما يتعلق بتنفيذ الالتزامات بهذا العقد تعد بيانات سرية وقد اتفق الطرفان على ما يلي: -

أ. امتداد أحكام سرية البيانات إلى منسوبيهم من الأطباء والفنين والمرمذين والإداريين وغيرهم من منسوبي الطرفين أو المتعاقد معهم بشكل مباشر أو غير مباشر من شركات إدارة دورة ايرادات أو شركات إدارة المطالبات والغير.

ب. لا يجوز لأي من الطرفين الكشف عن أي بيانات أو سجلات طبية تتعلق بالمؤمن له تكون في حوزتها الان أو فيما بعد.

ج. لا يجوز لأي من الطرفين إسناد أي من المهام الإدارية لأي طرف خارج المملكة.

د. لا تسري أحكام السرية على المعلومات الآتية:

(i) المعلومات المعتبرة في حكم المعلومات المتاحة للعموم.

(ii) المعلومات التي يتم طلبها من المجلس والجهات التي ينعقد لها الاختصاص نظاماً.

11. مدة العقد

مدة هذا العقد 3 سنوات تبدأ من تاريخ 1 مايو 2024، ويتجدد العقد تلقائياً لمدد مماثلة وبنفس الشروط والأحكام الواردة فيه إلا إذا رغب أي من الطرفين إنهاؤه ويكون ذلك بموجب إخطار موجه للطرف الآخر كتابة قبل مدة لا تقل عن ستين (60) يوماً من تاريخ انتهاء المدة الأصلية للعقد أو المدة المتجدد وتؤثر جميع التعاملات لهذا العقد وفقاً للتقويم الميلادي.



Najla

12. CONTRACT TERMINATION.

12.1 Without prejudice or failure to provide services to the beneficiaries or to fulfill their rights during the termination period, either party shall have the right to terminate this contract and notify the Council after submitting a written notice to the other party to correct the situation, and a period of sixty (60) days has elapsed, in the following cases:

(a) If it is proven that the other party has not fulfilled its contractual obligations as specified therein or delayed fulfilling its obligations in a manner with which completion on time is not expected.

(b) If the other party violates an essential condition thereof or refrains from implementing any of its essential obligations agreed upon herein.

12.2 The contract termination or cancellation shall not affect the rights and obligations of either party towards the other if payment conditions and mechanisms set forth herein apply thereto. The Insurance Company's liability for paying any claims made after the specified date for contract expiration or cancellation, except for the following cases:

(a) Any hospitalization cases pre-approved before expiration or cancellation and the patient is still under treatment.

(b) Any service provider's outstanding claims have not been submitted to the Insurance Company.

(c) Any outstanding claims with the Insurance Company that have not yet been settled.

(d) Any pre-approved claims.

(e) Any health insurance policies were valid before the contract termination or cancellation, the service provider shall provide health care services to the beneficiaries covered therein until the end of the insurance year, if they are within the beneficiaries' approved network of health care providers.

12. إنتهاء العقد

12.1 دون إخلال أو تقصير في تقديم الخدمات للمؤمن لهم أو تأدية حقوقهم خلال فترة الإنتهاء، يحق لأي من الطرفين إنتهاء هذا العقد وإشعار المجلس بعد توجيه إشعار كتابي للطرف الآخر بتصحيف الأوضاع، وانقضاء مهلة قدرها ستون (60) يوماً في الحالات التالية:

أ. إذا ثبت أن الطرف الآخر لم يقم بتنفيذ التزاماته التعاقدية على الوجه المحدد في هذا العقد، أو تأخر في تنفيذ التزاماته على نحو لا يتوقع معه إكماله في الوقت المحدد.

ب. إذا أخل الطرف الآخر بأي شرط جوهري من شروط العقد، أو امتنع عن تنفيذ أي من التزاماته الجوهرية المتفق عليها في العقد.

12.2 لا يؤثر انتهاء أو إلغاء هذا العقد على حقوق والالتزامات أي من الطرفين تجاه الطرف الآخر على أن تنطبق عليهما اشتراطات وآليات السداد الموضحة في هذا العقد، وتنتهي مسؤولية شركة التأمين المتعلقة بسداد أي مطالبات تتم بعد التاريخ المحدد لانتهاء العقد أو إلغائه فيما عدا الحالات التالية:

أ. أي حالات تنويم تمت الموافقة المسبقة عليها قبل الانتهاء أو الإلغاء وما زال المريض تحت العلاج.

ب. أي مطالبات قائمة لمقدم الخدمة لم يتم إرسالها لشركة التأمين.

ج. أي مطالبات قائمة لدى شركة التأمين ولم تتم تسويتها بعد.

د. أي مطالبات قد تمت الموافقة عليها مسبقاً.

هـ. أي وثائق تأمين صحي سارية قبل الانتهاء أو الإلغاء للعقد يلتزم مقدم الخدمة بتقديم خدمات الرعاية الصحية للمشمولين بها حتى انتهاء السنة التأمينية طالما أنها ضمن شبكة مقدمي الرعاية الصحية المعتمدة للمؤمن لهم.



12.3 With considering the continuation of the pre-approved health care services, either party shall have the right to terminate this contract immediately by the virtue of a written notice if the other party:

(a) Goes bankrupt, become subject to a bankruptcy order, is proven to be insolvent, an order is issued to be kept in receivership, or if it is a company that has been dissolved or liquidated.

(b) Has its qualification or accreditation from the Council cancelled or fails to renew during the validity of this contract according to what is decided by the Council.

13. INTELLECTUAL PROPERTY

13.1 All commercial and intellectual property rights arising therefrom in connection to the actions of either party shall remain as the ownership of such party.

13.2 The two parties shall refrain from using any trademark, banner, tradename, or any other element unless obtaining a written consent to do so.

13.3 The service provider shall, as requested by the Insurance Company, deliver, remove, or destroy any posters, brochures, advertisements, or other materials delivered thereto during the implementation of its obligations hereunder.

12.3 مع مراعاة استمرار خدمات الرعاية الصحية الموقوف عليها مسبقاً، يحق لأي من الطرفين إنهاء هذا العقد، فوراً

وبموجب إشعار كتابي إذا:

أ. أفلس الطرف الآخر أو طلب إشهار إفلاسه، أو ثبت إعساره، أو صدر أمر بوضعه تحت الحراسة، أو كان شركة وجرى حلها أو تصفيفتها.

ب. تم إلغاء التأهيل أو الاعتماد من المجلس أو أخفق في التجديد أثناء سريان مفعول هذا العقد وفق ما يقرره المجلس.

13. الملكية الفكرية

13.1 جميع الحقوق التجارية وحقوق الملكية الفكرية الناشئة عن هذا العقد، بشأن أو المترتبة عن أعمال أي من الطرفين تبقى ملكية ذلك الطرف.

13.2 يجب على الطرفين الامتناع عن استخدام أي علامة تجارية أو لافتة أو اسم تجاري أو أي عنصر آخر ما لم يتم الحصول على موافقة خطية بذلك.

13.3 يجب على مقدم الخدمة، وفق ما تطلبه شركة التأمين، تسليم أو إزالة أو إتلاف أي ملصقات أو كراسات أو إعلانات أو مواد أخرى تم تسليمها إليه أثناء تنفيذه التزاماته بموجب هذا العقد.



Chapter 10: Settlement of Disputes

14. APPLICABLE LAWS AND SETTLEMENT OF DISPUTES

14.1 Applicable Law:

This contract shall be subject to and construed in accordance with the applicable laws in the Kingdom.

14.2 Settlement of Disputes:

(a) The two parties have agreed to refer all disputes arising from the interpretation, implementation, or termination of this contract to the Council's health insurance dispute conciliation center to resolve the disputes by settlement, reconciliation, or any other amicable solution. The two parties shall provide all the data required by the center.

(b) In the event that settlement between the two parties is impossible to be reached by the Council's health insurance dispute conciliation center, by informing them by the center of the impossibility of settlement, either party shall have the right to bring the matter before the competent judicial authority.

Chapter 11: Final Provisions

15. NOTIFICATION

15.1 The two parties agreed to appoint a liaison officer for correspondence and notifications so that the Insurance Company's or service provider's notifications and correspondence are submitted by an authenticated e-mail, and they shall not be accepted otherwise, provided that both parties are obliged to notify the other party within a period of no more than a week from the termination of the authorized persons' services and to provide another liaison officer.

15.2 All notifications hereunder or associated herewith shall be written in Arabic or English, and the two parties shall submit all notifications via NPHIES in addition to the official email of the Insurance Company or service provider specified herein or to the official addresses of Parties.

الفصل العاشر: تسوية النزاعات

14. الأنظمة المطبقة و حل النزاعات

14.1 النظام المطبق:

يُخضع هذا العقد ويفسر وفقاً لأنظمة المملكة.

14.2 حل النزاعات:

أ. اتفق الطرفان على إحالة كافة النزاعات الناشئة عن تفسير أو تنفيذ أو إنهاء هذا العقد إلى مركز الصلح في منازعات التأمين الصحي التابع للمجلس من أجل إنهائها بالتسوية أو الصلح أو أي حل ودي آخر. ويلتزم الطرفان بتوفير كافة البيانات التي يطلبها المركز.

ب. في حال عدم حصول التسوية بين الطرفين أو تعثرها من خلال مركز الصلح التابع للمجلس وذلك بإبلاغهم من طرف المركز بعدم إمكانية حصول ذلك، يحق لأي من الطرفين حينها التوجه للجهة القضائية المختصة.

الفصل الحادي عشر: أحكام ختامية

15. الإشعارات

15.1 اتفق الطرفان على تعين ضابط اتصال للمراسلات والإشعارات بحيث تكون الإشعارات و المراسلات خاصة بشركة التأمين أو مقدم الخدمة من خلال بريد إلكتروني موثق وعدم قبول خلاف ذلك، مع ضرورة التزام الطرفين بإبلاغ الطرف الآخر في موعد أقصاه أسبوع من إنهاء خدمات الأشخاص المخولين وتوفير ضابط اتصال آخر.

15.2 يجب أن تكون جميع الإشعارات الصادرة بموجب هذا العقد أو المرتبطة به خطية باللغة العربية أو الإنجليزية ويلتزم الطرفان بتقديم كافة الإشعارات من خلال برنامج "نفيس" إضافة إلى البريد الإلكتروني الرسمي الخاص بشركة التأمين أو مقدم الخدمة المحدد في هذا العقد أو إلى العنوانين الرسمية للطرفين.



15.3 The dispatch date printed on the readings receipt submitted by the recipient shall be adopted in notifications, provided that if the dispatch date is a Friday, Saturday, or an official holiday in the Kingdom of Saudi Arabia, the reading receipt is to be considered effective on the following working day.

16. GENERAL PROVISIONS

16.1 Contract Amendment: The two parties agree that this contract includes the minimum requirements to be met and agreed upon in the contractual relationship between the two parties, any such change, amendment or improvement hereto may not be made and (if any) it shall not be recognized. In the case of any additions made according to a written document signed by an authorized representative of each party shall be added to the contract as an Attachment, if none of these additions contradict the terms or conditions contained herein in any form whatsoever, and they shall also be effective as soon as they are signed by Parties. unless the two parties agree to specify a different period for the validity of these additions.

16.2 Assignment or Transfer: Except for any delegation of a part of the two parties' tasks to a revenue cycle management company or a claims management company, neither party may assign or transfer this contract or any rights or obligations hereunder without obtaining prior written consent from the other party.

16.3 Both parties shall not have the right to agree on the exclusivity of the contract and therefore there shall be nothing to prevent the Insurance Company from contracting with other service providers, as well as nothing shall prevent the service provider from contracting with other Insurance Companies.

15.3 يعتمد في الإشعارات تاريخ الإرسال الظاهر في إيصال القراءات المقدم من المستلم شريطة أنه إذا كان تاريخ الإرسال يوم الجمعة أو يوم سبت أو يوم عطلة رسمية في المملكة العربية السعودية، فإن إيصال القراءة يعتبر نافذاً في يوم العمل التالي.

16. أحكام عامة

16.1 تعديل العقد: اتفق الطرفان على أن هذا العقد يتضمن الحد الأدنى من المتطلبات الواجب توافرها والاتفاق عليها في العلاقة التعاقدية بين الطرفين، ولا يجوز إجراء أي تغيير أو تعديل أو تحسين في هذا العقد ولا يعتد بها في حال وجودها، وفي حالة وجود أي إضافات تتم بموجب وثيقة مكتوبة وموقعة من قبل مثل معتمد عن كل طرف تضاف إلى العقد كملحق، شريطة ألا تكون أي من تلك الإضافات تتعارض مع ما تضمنه هذا العقد من شروط أو أحكام بأي شكل كان، وتكون تلك الإضافات أيضاً سارية النفاذ فور توقيع الطرفين عليها مالم يتفق الطرفان على تحديد مدة مغایرة لسريان نفاذ تلك الإضافات.

16.2 التنازل أو التحويل: باستثناء أي تفويض لجزء من مهام الطرفين لشركة إدارة دورة الإيرادات أو شركة إدارة المطالبات، لا يجوز لأي من الطرفين التنازل أو تحويل هذا العقد أو أي حقوق أو التزامات بموجبها دون الحصول على الموافقة الخطية المسبقة من الطرف الآخر.

16.3 لا يحق للطرفين الاتفاق على حصرية التعاقد وبالتالي فإنه لا يوجد ما يمنع من قيام شركة التأمين بالتعاقد مع مقدمي خدمة آخرين وكذلك ما يمنع من قيام مقدم الخدمة بالتعاقد مع شركات تأمين أخرى.



16.4 Use of Trademark: During the term of this contract, the service provider shall authorize the Insurance Company to include its name as part of the Insurance Company's service providers network for its beneficiaries. Neither party may use the name or trademark of the other without having prior written consent. The service provider shall exhibit a sign or poster in a place that is visible to showcase the contracted Insurance Companies.

16.5 Both parties are obligated that their work procedures and policies do not conflict with what is stated herein.

16.6 The Gregorian calendar shall be used for all transactions between the two Parties.

16.7 In the event that there is a conflict between the Arabic text and the English text, then the Arabic text shall prevail.

16.8 In the event that there is a conflict between the Arabic text and the English text, then the Arabic text shall prevail. In case of any contradiction or discrepancy between the terms of this Contract and any of its annexes and attachments, the terms of the Contract shall prevail and then the annexes and then the attachments.

This Contract is made of two original counterparts, one per each party. Both parties are committed to documenting the contract via the E-government program approved by the Council

In witness thereof, the Parties hereto have executed this agreement,

Saudi German Hospital Riyadh

المستشفى السعودي الالماني فرع
شركة الشرق الاوسط للرعاية

الصحية

Signature



16.4 استخدام العلامة التجارية: أثناء مدة هذا العقد، يخول مقدم الخدمة شركة التأمين إدراج اسمه كجزء من شبكة مقدمي الخدمة التابعة لشركة التأمين أمام مستفيد بها، ولا يجوز لأي من الطرفين استخدام اسم أو العلامة التجارية الخاصة بالآخر بدون موافقة خطية مسبقة، ويلزם مقدم الخدمة بعرض لافتة أو ملصق في مكان واضح لشركات التأمين المتعاقد معها.

16.5 يلتزم الطرفان بألا تتعارض اجراءات وسياسات العمل لديهما مع ما ورد في هذا العقد.

16.6 يتم استخدام التقويم الميلادي في كل المعاملات بين الطرفين.

16.7 في حالة وجود تعارض بين النص العربي والنص الإنجليزي، فإنه يعتمد بالنص العربي.

16.8 الملحق والمرفقات التالية المرفقة بهذا العقد يقصد بها، وسيتم اعتبارها، بأنها جزء لا يتجزأ من هذا العقد. وفي حال وجود أي تعارض بين أحكام العقد وأي من ملاحقه ومرافقاته فيكون لأحكام هذا العقد الأولية في التطبيق ومن ثم الملحق ومن ثم المرفقات.

حرر هذا العقد من نسختين أصليتين وتسلم كل طرف نسخة منه والتزم الطرفان بالقيام بتوثيقه من خلال برنامج التعاملات الإلكترونية المقر من قبل المجلس

اثباتاً وإشهاداً لذلك، جرى تنفيذ هذا العقد من قبل الطرفين، وعلى ذلك جرى التوقيع،

Bupa Arabia for Cooperative Insurance

بوبا العربية للتأمين التعاوني



Dr Mohammad Othman

Signature التوقيع



19.05.2024 Bupa

Stamp الختم




ملحق 1: نموذج طلب المواقف والمطالبات الموحد

Annex 1: UCAF

<p>Referring to Appendix No. (2) of the executive regulations of CCHI for the criteria of requesting approval to bear the costs of treatment, which clarified the procedures followed in the event that approval is requested by healthcare providers and the responsibilities of insurance companies to comply with what is stated therein. The unified form must include all the basic information mentioned in it, the coding standards approved by the council must be adhered, and the services must be according to the price lists agreed upon according to form No. (6) in this contract. This form should be part of the claim requirements that are sent by the healthcare providers to the insurance company.</p>	<p>إشارةً إلى الملحق رقم (2) من اللائحة التنفيذية لنظام الضمان الصحي التعاوني لمعايير طلب المموافقة على تحمل تكاليف العلاج، التي أوضحت الإجراءات المتبعة في حال طلب المموافقة من قبل المرافق الصحية ومسؤوليات شركات التأمين للالتزام بما ورد فيها. النموذج الموحد يجب أن يتضمن جميع المعلومات الأساسية المذكورة فيه وأن يتم الالتزام بمعايير الترميز المعتمدة من المجلس وأن تكون الخدمات حسب قوائم الأسعار المتفق عليها حسب النموذج رقم (6). هذا النموذج يجب أن يكون جزءاً من متطلبات المطالبة التي ترسل من قبل المرفق الصحي إلى شركة التأمين.</p>
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UCAF 2.0

To be completed & ID verified by the reception/nurse:

Provider Name:
 Insurance Company Name: TPA Company Name:
 Patient File Number: Dept.:
 Single () Married () Plan Type ()
 Date of visit / /
 New visit () Follow Up () Refill () Walk in () Referral ()

Print/Fill in clear letters or Emboss Card:

Insured Name:
 ID. Card No. Sex Age
 Policy Holder Policy No.
 Expiry Date / /
 Approval:

To be completed & by the Attending PHYSICIAN: Please tick (✓)

Inpatient () Outpatient () Emergency Case () I Emergency Care Level: 1 () 2 () 3 ()
 BP: / Pulse: bpm Temp: C Weight: Kg Height: cm R.R: Duration of illness: (Days)

Chief Complaints and Main symptoms:

Significant Signs:

Other Conditions:

Diagnosis:

Principal Code: 2nd Code: 3rd Code: 4th Code:

Please tick (✓) where appropriate:

Chronic () Congenital () RTA () Work Related () Vaccination () Check-Up ()
 Psychiatric () Infertility () Pregnancy ()

Suggestive line(s) of management: Kindly, enumerate the recommended investigations, and/or procedures For outpatient approvals only:

Code	Description/Service	Type	Quantity	Cost

Providers Approval/Coding Staff must review/code the recommended service(s) and allocate cost and complete the following:

Completed/Coded BY Signature Date / /

Medication Name (Generic Name)	Type	Quantity

I Case management Form (CMF 1.0) included Yes () No ()

Please specify possible line of management when applicable:

Estimated Length of stay days Expected date of admissions: / /

I hereby certify that ALL information mentioned are correct and that the medical services shown on this form were medically indicated and necessary for the management of this case.

Physician Signature Stamp Date
/ /

I hereby certify that ALL statements and information provided concerning patient and the present illness or injury are TRUE.

Name and relationship (if guardian):

Signature (*) Date / /

For Insurance Company Use Only: Approved () Not Approved () Approval No: Approval validity: Days

Comments (include approved days/services if different from the requested)

Approved/Disapproved by Signature Date / /

(*)This is applicable only in case of manual UCAF



ملحق 2: نموذج طلب المواقفات والمطالبات للأسنان.

Annex 2: DCAF.

<p>Referring to Appendix No. (2) of the executive regulations of CCHI for the criteria of requesting approval to bear the costs of treatment, which clarified the procedures followed in the event that approval is requested by healthcare providers and the responsibilities of insurance companies to comply with what is stated therein. The Dental form must include all the basic information mentioned in it, the coding standards approved by the council must be adhered, and the services must be according to the price lists agreed upon according to form No. (6) in this contract. This form should be part of the claim requirements that are sent by the healthcare providers to the insurance company.</p>	<p>إشارةً إلى الملحق رقم (2) من اللائحة التنفيذية لنظام الضمان الصحي التعاوني لمعايير طلب المواقفة على تحمل تكاليف العلاج، التي أوضحت الإجراءات المتبعة في حال طلب المواقفة من قبل المرافق الصحية ومسؤوليات شركات التأمين للالتزام بما ورد فيها. النموذج الموحد يجب أن يتضمن جميع المعلومات الأساسية المذكورة فيه وأن يتم الالتزام بمعايير الترميز المعتمدة من المجلس وأن تكون الخدمات حسب قوائم الأسعار المتفق عليها حسب النموذج رقم (6). هذا النموذج يجب أن يكون جزءاً من متطلبات المطالبة التي ترسل من قبل المرفق الصحي إلى شركة التأمين.</p>
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DCAF 2.0

To be completed & ID verified by the reception/nurse:

Provider Name:

Insurance Company Name:

TPA Company Name:

Patient File Number:

Date of visit / /

Plan Type () New visit () Follow Up ()

Print/Fill in letters or Emboss Card:

Insured Name:

ID. Card No.

Sex

Age

Policy Holder

Policy No

Expiry Date / /

Class

To be completed by the Dentist:

Duration of illness (Days).

Chief Complaint & Main symptoms

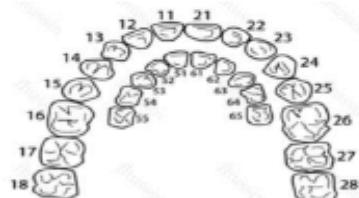
Significant Signs:

Diagnosis (ICD10):

Primary

Secondary

Other conditions



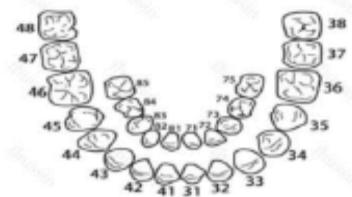
Please tick (✓) where appropriate:

Regular Dental Treatment () Dental Cleaning ()

Trauma Treatment Specify: RTA () Work Related () Other.....

How:

When: Where:



Specify the recommended procedures using the tooth number as shown on the teeth map above:

Code	Dental / Service	Tooth No.	Cost
Total			

Providers Approval/Coding Staff must review/code the recommended service(s), allocate cost, and complete the following:

Completed/Coded BY

Signature

Date / /

Medication Name (Generic Name)	Type	Quantity

I hereby certify that All information mentioned are correct and that the medical services shown on this form were medically indicated and necessary for the management of this case.

Dentist Signature Stamp Date
/ /

I hereby certify that All statements and information provided concerning patient identification and the present illness or injury are TRUE.

Name and relationship (if guardian):
Signature (*) Date / /

For Insurance Company Use Only: Approved () Not Approved () Approval No: Approval Validity: Days

Comments (include approved days/services if different from the requested)

Approved/Disapproved by Signature Date / /

(*)This is applicable only in case of manual DCAF



ملحق 3: نموذج طلب المواقف والمطالبات لخدمات العيون

Annex 3: OCAF

<p>Referring to Appendix No. (2) of the executive regulations of CCHI for the criteria of requesting approval to bear the costs of treatment, which clarified the procedures followed in the event that approval is requested by healthcare providers and the responsibilities of insurance companies to comply with what is stated therein. The Optical form must include all the basic information mentioned in it, the coding standards approved by the council must be adhered, and the services must be according to the price lists agreed upon according to form No. (6) in this contract. This form should be part of the claim requirements that are sent by the healthcare providers to the insurance company.</p>	<p>إشارةً إلى الملحق رقم (2) من اللائحة التنفيذية لنظام الضمان الصحي التعاوني لمعايير طلب الموافقة على تحمل تكاليف العلاج، التي أوضحت الإجراءات المتبعة في حال طلب الموافقة من قبل المرافق الصحية ومسئولييات شركات التأمين للالتزام بما ورد فيها. النموذج الموحد يجب أن يتضمن جميع المعلومات الأساسية المذكورة فيه وأن يتم الالتزام بمعايير الترميز المعتمدة من المجلس وأن تكون الخدمات حسب قوائم الأسعار المتفق عليها حسب النموذج رقم (6). هذا النموذج يجب أن يكون جزءاً من متطلبات المطالبة التي ترسل من قبل المرفق الصحي إلى شركة التأمين.</p>
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OCAF 2.0

To be completed by the reception/nurse:

Provider Name:
 Insurance Company Name:
 TPA Company Name:
 Patient File Number:
 Data of visit / /
 Plan Type () New visit () I Follow Up ()

Print/Fill in letters or Emboss Card:

Insured Name:
 ID. Card No. Sex Age
 Policy Holder Policy No.
 Expiry Date / /
 Class Approval

To be completed by the Optician:

RIGHT EYE					LEFT EYE					PD
Sphere	Cylinder	Axis	Prism	V/N	Sphere	Cylinder	Axis	Prism	V/N	PD
Distance										
Near										
Bifocal		Add	Vertex		Add	Bifocal		Add		

Regular Lenses Type:

Glass plastic none

Lenses Specification:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Multi-coated | <input type="checkbox"/> Medium | <input type="checkbox"/> Anti-reflecting coating |
| <input type="checkbox"/> Varilux | <input type="checkbox"/> Lenticular | <input type="checkbox"/> Photosensitive |
| <input type="checkbox"/> Light | <input type="checkbox"/> Single Vision | <input type="checkbox"/> High Index |
| <input type="checkbox"/> Aspheric | <input type="checkbox"/> Dark | <input type="checkbox"/> Colored |
| <input type="checkbox"/> Bifocal | <input type="checkbox"/> Safety Thickness | <input type="checkbox"/> Anti-Scratch |

Contact Lenses Type:

Permanent Disposal

Frames: Yes No

Please specify # of pairs:

Estimated Cost:

Leases: SR.

Frame: SR.

I hereby certify that All information mentioned are correct and that the services shown on this form were medically indicated and necessary for of this case.

Optician Signature & Stamp

Date / /

I hereby certify that All statements and information provided concerning patient identification and the present illness or injury are TRUE.

Name and relationship (if guardian):

Signature (*) Date / /

For Insurance Company Use Only: Approved () Not Approved () Approval No: Approval Validity:

Comments (include approved days/services if different from the requested)

Approved/Disapproved by

Signature Date / /



Annex 4: Minimum Data Set

ملحق ٤: متطلبات الحد الأدنى من البيانات (MDS)

CCHI has designed and developed a set of data to be collected through the health services provided to the insured in health facilities, and it requires the service provider to make sure that he has registered this data and includes it in the template prepared for that. In addition, CCHI has set up a temporary electronic platform to assist service providers and insurance companies from sending data templates to CCHI.

MDS include approximately 66 fields of data distributed between demographic data for the insured, administrative data, clinical data and financial data, and clarifying the responsibility of either the service provider or the insurance company in filling out these fields. The required coding standards are also indicated in the fields that require medical coding. Below is a table showing the approved medical coding standards

قام المجلس بتصميم وتطوير مجموعة من البيانات بحيث يتم تجميعها من خلال الخدمات الصحية التي تقدم للمؤمن لهم في المراقب الصحي، ويطلب على مقدم الخدمة أن يتأكد من تسجيله لهذه البيانات وتضمينها في القالب المعد لذلك. بالإضافة أن المجلس قام بتجهيز منصة إلكترونية مؤقتة لمساعدة مقدمي الخدمة وشركات التأمين من إرسال قوالب البيانات إلى المجلس.

وتتضمن متطلبات الحد الأدنى من البيانات على ما يقارب 66 حقل من البيانات موزعة ما بين بيانات ديموغرافية للمؤمن لهم، بيانات إدارية، بيانات إكلينيكية وبيانات مالية، وموضح فيها مسؤولية إما مقدم الخدمة أو شركة التأمين في تعبئة هذه الحقول. كما تم توضيح معايير الترميز المطلوبة في الحقول التي تطلب أن يكون هناك ترميز طبي لها. أدناه جدول يوضح معايير الترميز الطبي المعتمدة



Coding fields required	Codes, classifications and terminologies to be used	Description
Diagnosis Codes, includes: Ophthalmology, Rehabilitation	ICD-10-AM Tenth Edition	الترميز الطبي الأسترالي للأمراض والتشخيص
Procedures / Health interventions (in-patient) includes: Ophthalmology, Rehabilitation and allied health services	CCHI Billing System (CCHI-BS)	قائمة الترميز للإجراءات والعمليات
Outpatient / Ambulatory Services, Consultation, Room and Board, Inpatient Rounding	CCHI Billing System (CCHI-BS)	قائمة ترميز الإجراءات للمعادات الخارجية
Medical devices	GMDN = classification of devices per intended use and specification	التصنيف والترميز للمعدات والأجهزة الطبية ومجملاتها
Oral Health	<ul style="list-style-type: none"> • Inpatient: CCHI Billing System (CCHI-BS) • Outpatient: The Australian Schedule of Dental Services and Glossary (ADA) 	<ul style="list-style-type: none"> • قائمة الترميز للتدويم والعمليات لخدمات طب الأسنان • الترميز للمعادات الخارجية: جدول خدمات طب الأسنان الأسترالي
Laboratory tests, observations and Blood Bank products	CCHI Billing System (CCHI-BS)	الترميز لاختبارات التحليلية وسوق الدم
Imaging Procedures	CCHI Billing System (CCHI-BS)	الترميز والتصنيف للأشعة
Packaged pharmaceuticals	SFDA (GTIN)	ترميز تصنيف الأدوية
Ambulance and Transportation Services (SRCA)	CCHI Billing System (CCHI-BS)	ترميز النقل الإسعافي للمرضى وحالاتهم

The MDS and medical standards are updated periodically, and it can be found through the following link: https://www.cchi.gov.sa/Rules/unitedc/Pages/default.aspx	كما أن متطلبات الحد الأدنى من البيانات والمعايير الطبية أعلاه تحدث بشكل دوري ويمكن الاطلاع على متطلبات الحد الأدنى من البيانات من خلال الرابط التالي: https://www.cchi.gov.sa/Rules/unitedc/Pages/default.aspx
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ملحق 5: تسوية مستحقات مقدم الخدمة

Annex 5: Provider's Reconciliation.

This form has been prepared to be used by insurance companies when they reject the claims submitted by the health service provider, and the insurance company must commit to explaining the reasons for rejection according to the codes designated for that and attached in Appendix No. 4 of this contract. The service provider must review this form and verify the reasons for the refusal of the insurance company and deliver the insurance company the documents supporting the claim or complete the documents necessary for the claim. Upon acceptance of the list of refusals and discounts, the health service provider must acknowledge acceptance and seal the form including the signature of the authorized person. In the event of rejection, the procedures are completed according to what is stated in Chapter Four of this contract.

تم اعداد هذا النموذج لكي يتم استخدامه من قبل شركات التأمين في حين رفضها للمطالبات المقدمة من قبل مقدم الخدمة الصحية، ويجب على شركة التأمين الالتزام بأن يتم توضيح أسباب الرفض حسب الرموز المخصصة لذلك والمرفقة في الملحق رقم (4) من هذا العقد. على مقدم الخدمة الاطلاع على هذا النموذج والتتأكد من أسباب رفض شركة التأمين وتسليم شركة التأمين المستندات المؤيدة للمطالبة أو اكمال المستندات اللازمة للمطالبة. يجب على مقدم الخدمة الصحية عند قبوله بقائمة المرفوضات والخصومات أن يقر بالقبول وختم النموذج متضمناً توقيع صاحب الصلاحية، وفي حال الرفض يتم استكمال الإجراءات حسب ما ورد في الفصل الرابع من هذا العقد.



Batch Ref		Batch ID		Received Date		Batch Date			
Provider Billed		Presented Discount		Presented Deductible		Net Billed with VAT		VAT Amount	
Rejection (denial) Type (Batch level) ¹				Billed Amount	Reject Amount	VAT Amount	VAT Reject Amount		
Rejection (denial) Code (service level)				Billed Amount	Reject Amount	VAT Amount	VAT Reject Amount		

Notes:

- 1- Kindly acknowledge your acceptance of this statement by signing it in the confirmation block and affixing your hospital/ clinic stamp, in order to proceed for payment. Otherwise...
- 2- You have to submit, within the maximum period of 15 days, the requested information/ documents (for pending cases) and/or data/ documents supporting your objections, if any, in order to re-evaluate the statement.
- 3- Insurance companies should provide the rejection details on the service level to the providers either in npbies or in electronic format (indicating claims#, denial code, billed amount, rejected amount)

Insurance company agrees that the above service/s are rejected based on documented and clear guidance on claims rejection

Stamp

Signature over printed name

Date

Accepts this statement as full and final settlements for all claims submitted for the month of

Stamp

Signature over printed name

Date

¹ Denial types & codes are in MDS appendix



ملحق 6: أسعار الخدمات الصحية

Annex 6: Health Services Prices.

<p>The billing system it is a system developed CCHI in cooperation with CCHI's stakeholders in order to facilitate coding of health services by health service providers and billing them to insurance companies. This system was built according to the Australian Classification System for Health Interventions (ACHI), and this system is compatible with the coding and classification systems approved by the Saudi Health Council.</p>	<p>نظام الفوترة هو نظام تم تطويره من قبل مجلس الضمان الصحي التعاوني بالتعاون مع شركاء للمجلس وذلك ليتم تسهيل عمليات ترميز الخدمات الصحية من قبل مقدمي الخدمة الصحية وفوترها لشركات التأمين. هذا النظام تم بناءه حسب نظام التصنيف الأسترالي للتدخلات الصحية (ACHI) كما أن هذا النظام متوازن مع أنظمة الترميز والتصنيف المعتمدة من قبل المجلس الصحي السعودي.</p>
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<p>The billing system list includes 23 chapters divided according to the medical procedure & intervention for body system, as follows:</p>	<p>تشمل قائمة نظام الفوترة على 23 فصل مقسمة حسب الاجراء الطبي لوظائف الجسم، على النحو التالي:</p>
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Chapter no.	Chapter title
1	Procedures on nervous system
2	Procedures on endocrine system
3	Procedures on eye and adnexa
4	Procedures on ear and mastoid process
5	Procedures on nose, mouth and pharynx
6	Dental services
7	Procedures on respiratory system
8	Procedures on cardiovascular system
9	Procedures on blood and blood-forming organs
10	Procedures on digestive system
11	Procedures on urinary system
12	Procedures on male genital organs
13	Gynaecological procedures
14	Obstetric procedures
15	Procedures on musculoskeletal system



16	Dermatological and plastic procedures
17	Procedures on breast
18	Radiation oncology procedures
19	Non-invasive, cognitive and other interventions, not elsewhere classified
20	Imaging services
21	Laboratory and Pathology Services
22	Ambulance and Transport Services
23	KSA Service Codes

<p>The number of health services coded in this system totaled 9,450 codes for a procedure or service, and it requires insurance companies and health service providers to price health services based on the billing system. The Council periodically updates and develops the system, and the billing system can be viewed through the following link:</p> <p>https://www.cchi.gov.sa/Rules/unitedc/Pages/default.aspx</p>	<p>كما أن عدد الخدمات الصحية المرمزة في هذا النظام تبلغ 9,450 رمز لإجراء أو خدمة، ويطلب على شركات التأمين ومقدمي الخدمة الصحيين أن يقوموا بتسهيل الخدمات الصحية بناءً على نظام الفوترة. يقوم المجلس بشكل دوري بتحديث وتطوير النظام، ويمكن الاطلاع على نظام الفوترة من خلال الرابط التالي:</p> <p>https://www.cchi.gov.sa/Rules/unitedc/Pages/default.aspx</p>
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Attachment 1: Operation

1. Bupa Arabia shall supply the Provider with a summary of each health insurance policy that is issued, amended or to be issued during the life of the Agreement. The summary of the policy indicates the terms and conditions, limits of the benefits coverage, exclusions and any other annexes, additions or amendments that limit the actions of the Provider or the insured.
2. The Provider shall receive any insured holding a valid medical insurance card issued by Bupa Arabia in accordance with the appropriate policy notified to the Provider, the Provider shall ensure that:
 - a. The Insured shall carry his/her own valid health Insurance card, issued by Bupa Arabia either digital or printed.
 - b. Check the identity of the insured as per the CCHI regulations (Saudi National ID or Muqeem/Iqama ID) to ensure that the services are rendered to the insured.
 - c. The validity of the health Insurance Policy that covers the insured and it is not cancelled or withdrawn
3. If the Provider had provided any healthcare services to an insured who has terminated or expired membership or a none insured, Bupa Arabia shall not pay any cost incurred to the Provider, and Service Provider shall sustain the cost of the treatment.
4. The Provider ensure that the Beneficiary and their family are treated with kindness, courtesy and respect by all medical personnel, staff, agents and representatives of the Provider always.

مرفق رقم 1: العمليات

1. بموجب هذا العقد تزود بوبا العربية مقدم الخدمة بملخص عن كل وثيقة ضمان صحي تم إصدارها أو يتم إصدارها أو تعديلها خلال سريان العقد، ويوضح الملخص الشروط والأحكام والحدود القصوى لتغطية المنافع والاستثناءات التي لا تشملها التغطية وأى ملاحق أو إضافات أو تعديلات أخرى تحد من أعمال مقدم الخدمة أو المؤمن له.
2. يستقبل مقدم الخدمة المؤمن له الحامل لبطاقة تأمين صحي سارية المفعول صادرة من قبل بوبا العربية بموجب الوثيقة المخصصة التي تم إخطار مقدم الخدمة بها ويتعين أن يتأكد مقدم الخدمة من الآتي:
 - أ. حمل المؤمن له لبطاقة التأمين الصحي الخاص به الصادرة من قبل بوبا العربية وأنها سارية المفعول سواء كانت الكترونية أو مطبوعة.
 - ب. التحقق من هوية المستفيد وفق اللائحة التنفيذية لنظام الضمان الصحي التعاوني (بطاقة الهوية الوطنية أو هوية مقيم) للتأكد من أن المستفيد هو الملتقي للخدمة.
 - ج. وثيقة التأمين التي تغطي المستفيد وكونها سارية المفعول، والتأكد من عدم إلغاء التغطية التأمينية الخاصة بالمستفيد.
3. في حال قام مقدم الخدمة بعلاج شخص انتهت أو الغيت تغطيته التأمينية أو من غير المستفيدين فإن بوبا العربية لن تدفع أو تحمل تكاليف العلاج على أن يتحمل مقدم الخدمة تكاليف العلاج.
4. يضمن مقدم الخدمة أن المستفيد وعائلته يعاملون برقق ولطف واحترام من جميع منسوبي مقدم الخدمة من الطاقم الطبي والموظفين وال وكلاء والممثلين في جميع الأحوال.



5. All complaints relating to the behaviour or conduct of any insured or their family only when it is related to the application of the insurance policy will only be made in writing to the Provider relations department at Bupa Arabia within 24 hours in order that they may address the issue with the client.
6. The following procedures must be adhered to by the Provider upon welcoming a Bupa Arabia Cardholder:
- 6.1: Outpatient Treatment:**
- The Provider shall obtain pre-authorization where the estimated cost per episode of treatment is likely to exceed SR500 (Five Hundred Saudi Arabian Riyals) or certain services specified by Bupa Arabia before any cost incurred. Unless the insured's health insurance policy specified otherwise and clarified at the insured Membership Card.
 - The pre-authorization shall not mean that Bupa Arabia consent for the value of the final treatment costs or the cost of the medical services provided but ensures that treatment does not exceed the insured's coverage limits.
 - If the initial estimate for the costs of the treatment is less than SR500 and\or the service doesn't require pre-approval, the services should be provided immediately without pre-authorisation from Bupa Arabia.
 - Preauthorization requests must contain legible medical information including history, significant clinical finding, diagnosis or impression, detailed line of management, cost of services in addition to any documents or information requested or deems necessary to support the request and/or clarify the
5. يتم تبليغ قسم علاقات مقدمي الخدمة ببوبا العربية عن أي شكاوى خاصة بسلوك أو تصرف أي مستفيد أو عائلته خطياً وخلال 24 ساعة فيما يختص بتطبيق احكام وبنود الوثيقة وذلك لعلاج الموضوع مع المستفيد أو العميل.
6. يجب أن يتقييد مقدم الخدمة بالإجراءات التالية عند ترحيبه بالمستفيدين:
- 1.6: علاج العيادات الخارجية:**
- أ. يلتزم مقدم الخدمة بالحصول على الموافقة المسبقة من بوبا العربية عندما تتجاوز التكلفة المقدرة للزيارة الواحدة مبلغ (500) خمس مائة ريال سعودي أو عند الحصول على خدمات معينة تحددها بوبا العربية وذلك قبل نشوء أي مصروفات مالم تنص تغطية المستفيد على غير ذلك وتوضح في بطاقة عضوية التأمين الصحي للمستفيد.
- ب. الموافقة المسبقة لا تعني موافقة بوبا العربية على قيمة العلاج النهائية أو تكلفة الخدمات الطبية المقدمة، وإنما للتأكد من أن العلاج ضمن تغطية المستفيد ولا يتجاوز الحدود المالية للمؤمن له.
- ج. إذا كان التقدير الأولي لتكليف العلاج أقل من 500 ريال سعودي والخدمة لا تشتملها ضرورة الموافقة المسبقة فإنه يجوز تقديم الخدمة مباشرة دون الحاجة للحصول على الموافقة المسبقة من بوبا العربية مالم تنص تغطية المستفيد على غير ذلك وتوضح في بطاقة عضوية التأمين الصحي للمستفيد.
- د. يجب أن تختص طلبات الموافقة المسبقة بمعلومات طبية واضحة بما في ذلك التاريخ المرضي والنتائج المخبرية الهامة والتاريخ أو الانطباع وخطة العلاج المفصلة وتكلفة الخدمات إضافة إلى أي مستندات أو معلومات يتم طلبها أو تعتبر ضرورية لتأييد الطلب وأو توضيح الأهلية، وفي حال تبين أن البيانات التي

eligibility, in case that the documents or information provided to Bupa Arabia were false, Bupa Arabia has the right to be indemnified by the Provider

تم تزويد لها لبوب العربية غير صحيحة، يحق
للبوب العربية رفض الطلب واسترجاع ماتم
صرفه دون وجه حق.

- e. The Provider is committed to send any preauthorization request within a maximum of 15 minutes from the time the doctor decided the service and to respond to the request of additional information or clarification without delay. Bupa Arabia will respond to the preauthorization requests within 60 minutes from the time of receipt of the request.

f. Bupa Arabia does not accept any un-required pre-authorization which does not follow Bupa Arabia and CCHI policies and procedures. Bupa Arabia has the right to take the necessary actions to make sure the Providers adhere to the pre-authorization procedure and Bupa Arabia has the right to be indemnified by the Provider and recover any paid amounts.

g. It is in the interest of the Parties that information technology (online services) should be used to assure quality and facilitate the provision of healthcare services. Bupa Arabia express its readiness to use electronic communication and the Provider is committed to start electronic preauthorization & the e-claims immediately after which no fax requests will be attended.

هـ. يلتزم مقدم الخدمة بأسال طلب الموافقة المسбقة خلال 15 دقيقة كحد أقصى من وقت إقرار الطبيب للخدمة والرد على طلب المعلومات الإضافية أو التوضيح خلال 30 دقيقة كحد أقصى. تلتزم بوبا العربية بالرد على طلبات الموافقة المسبقة خلال 60 دقيقة من استلام الطلب.

وـ. لن تقبل بوبا العربية أي طلب موافقة مسبقة غير ممثل بنظام الترميز الطبي المعتمد أو غير مطلوبة أو لا تتبع سياسات وإجراءات بوبا العربية ومجلس الضمان الصحي التعاوني. ويحق لبوبا العربية اتخاذ الإجراءات اللازمة للتأكد من أن مقدمي الخدمة يتقيدون بسياسة الموافقة المسبقة. ويحق لبوبا العربية الحصول على تعويض من مقدم الخدمة واسترجاع ما تم صرفه دون وجه حق.

زـ. إنه من صالح الطرفين استخدام القنوات الإلكترونية لضمان جودة وسهولة تقديم خدمات الرعاية الصحية. وتعرب بوبا العربية ومقدم الخدمة عن استعدادهما لاستخدام القنوات الإلكترونية والبدء بتقديم الموافقة المسبقة الإلكترونية والمطالبات الإلكترونية فوراً وبعد ذلك لن يتم النظر في طلبات الفاكس إلا عند حالات انقطاع القنوات الإلكترونية.

6.2: Inpatient Treatment:

2.6: حالات التنويم



- a. Where a Beneficiary requires surgical intervention or any medical treatment that requires the inpatient admission of the patient; before any cost is incurred the Provider must obtain the prior approval of Bupa Arabia.
- b. Emergency cases, where postponement or delay would cause or exacerbate harm to the Beneficiary are exempt from the above rule provided that the Provider shall notify Bupa Arabia of such admission within 24 hours.
- c. The signature of the insured must be affixed by the Provider to claim forms, pre-authorisation requests, drug prescriptions, physiotherapy session sheets and invoices arising from treatment. Where this is not medically possible or a Beneficiary is under 18 years of age, a Beneficiary of the Beneficiary family shall act as signatory. In later case a parent is preferred.
- d. All pre-admission testing for the scheduled operations (where the date is known in advance), must be administered in the Provider out-patient clinic. The Provider does not have the right to admit a Beneficiary in advance of undergoing a scheduled surgical operation, unless with express consent of Bupa Arabia.
- e. Provider must send all medical reports, tests results, results of analysis, medication prescriptions, certificates, documents and x-ray films and attached to any submitted claim, without any additional expense to Bupa Arabia.
- f. In addition to terms detailed elsewhere in this agreement Bupa Arabia will not be obligated for (nor invoiced for) the cost of any treatment any amount that exceeds the agreed prices or any sums or costs for treatment excluded in the Beneficiary Insurance Policy or exceed what is necessary for patient's condition.
- أ. إذا طلب الأمر للتدخل الجراحي أو أي علاج طبي تنويم المستفيد لدى مقدم الخدمة، فإنه يتعين على مقدم الخدمة الحصول على الموافقة المسبقة من بوبا العربية قبل نشوء أي تكلفة.
- ب. الحالات الطارئة المهددة للحياة والتي قد يؤدي تأجيلها أو تأخيرها إلى تفاقم حالة المستفيد أو وفاته تستثنى من شرط الحصول على الموافقة المسبقة شريطة أن يقوم مقدم الخدمة بإخطار بوبا العربية بذلك التنويم أو المعالجة خلال 24 ساعة كحد أقصى من نشوء الحالة.
- ج. يجب أن يوقع المستفيد على نماذج المطالبة وطلبات الموافقة المسبقة ووصفات الأدوية ووثائق الجلسات للعلاج الطبيعي وما شابه والفوatir الناشئة عن العلاج. وفي حال لم يكن ذلك ممكناً من الناحية الطبية أو إذا كان المستفيد دون سن (18) الثامنة عشر، فيجب أن يوقع أحد أفراد أسرة المستفيد المكلفين نيابة عنه، ويفضل في الحالة الأخيرة أحد الوالدين.
- د. يجب القيام بجميع الفحوصات المسبقة للتنويم للعمليات المجدولة والتي تم تحديد تاريخ إجراءها مسبقاً، في العيادات الخارجية لمقدم الخدمة. ولا يحق لمقدم الخدمة تنويم عضو قبل موعد إجراء العملية الجراحية المجدولة، مالم يحصل على الموافقة الصريحة والمسبقة من بوبا العربية.
- هـ. يتعين على مقدم الخدمة إرسال جميع التقارير الطبية ونتائج الفحوصات ونتائج التحاليل والوصفات الطبية والشهادات والمستندات وأفلام الأشعة سواء كانت صور أو أصولاً وفقاً لما تحدده بوبا العربية برفقة أي مطالبة وبدون أي مصروفات إضافية.
- و. علاوة على أي أحكام أخرى مفصلة في هذا العقد فإن بوبا العربية لن تكون ملزمة بسداد تكاليف أي علاج (ولا أن تتلقى أي فاتورة) لأي مبلغ يتجاوز الأسعار المتفق عليها أو أي مبالغ أو تكاليف للعلاج مستثنى في وثيقة تأمين المستفيدين أو يزيد عن حاجة المستفيد الضرورية أو أي خدمات ليست محددة في قائمة الأسعار أو متفق على تسعيتها أو ترميزها.



Attachment 2: Accounts

1. The costs of treatment are fixed in accordance with the Prices Tables attached to the Agreement and all the accounts shall be settled according to it.
2. Withstanding the above, following services shall be provided by the Provider free of charge; namely:

a. The opening of a medical file for cardholders.

b. The costs of an ambulance where the patient condition require his/her referral to any other provider for treatment, due to its non-availability with the Provider (to a limit of 100km - one hundred kilometres).

c. any procedure, treatment or service required by of the Provider by Law, Government decision, Decree or regulations as enforced from time to time in the Kingdom of Saudi Arabia;

d. Provision of room and board for the Beneficiary's companion regardless of the age of the Beneficiary and in accordance with the treating physician instructions.

e. Follow-up visits within 14 days of a previous consultation. And follow up visits after discharge from the Provider.

f. treatment arising from medical negligence or mistake on the part of the Provider; or

g. Any documents or certificates appertaining to terms of this Agreement as requested by Bupa Arabia.

h. Services in which includes into a primary service.

مرفق رقم 2 :الحسابات

1. أسعار العلاج محددة وفقاً لجدول الأسعار المرفقة في العقد ويتم تسوية جميع الحسابات بموجبها.
2. اتباعاً لما سبق يتم تقديم الخدمات التالية من قبل مقدم الخدمة بدون مقابل، وهي:
 - أ. فتح ملف طبي للمستفيد.
 - ب. تكاليف الإسعاف إذا طلبت حالة المستفيد إحالته/إحالتها إلى أي مقدم خدمة آخر للعلاج، عندما يكون السبب عدم توفره لدى مقدم الخدمة (بعد أقصى 100 كلم - مائة كيلو متر).
 - ج. أي إجراء أو علاج أو خدمة مطلوبة من مقدم الخدمة من قبل أي نظام أو لائحة أو تعليم وفقاً لما يصدر من وقت لآخر في المملكة العربية السعودية.
 - د. توفير إقامة لمرافقي المستفيدين بغض النظر عن عمره وحالته الصحية للإقامة معه طبقاً لتعليمات الطبيب المعالج.
 - هـ. زيارات المراجعة خلال 14 يوم من الاستشارة السابقة وزيارات المراجعة للمستفيدين الذين سبق تنويمهم.
 - و. علاج ناتج عن الإهمال أو الخطأ الطبي من جهة مقدم الخدمة.
 - ز. أي مستندات، أو شهادات، أو تقارير، أو نتائج وثيقة الصلة بأحكام هذا العقد بناءً على طلب بوبا العربية.
 - حـ. الخدمات التي تكون متضمنة أو تعتبر جزءاً لا يتجزأ من خدمة رئيسية.



3. يوافق مقدم الخدمة على منح بوبا العربية نسب الخصومات التالية مقابل الخدمات التي يقدمها:
- استشارات وفحوصات بواسطة طبيب مرخص له **0%**
 - خدمات الأسنان **NA**
 - قائمة السعر الشامل للعمليات **0%**
 - الصفقات الشاملة الأخرى **0%**
 - العقاقير والأدوية بالأسعار المعتمدة من قبل وزارة الصحة **5%**
 - جميع الخدمات الطبية الأخرى **25%**
4. علاوة على ما سبق:
- إذا بلغ أو تجاوز إجمالي المبلغ الصافي الشهري المدفوع على حساب بوبا العربية عن أي شهر تقويمي لجميع أعضاء بوبا العربية الذين عولجوا عن طريق مقدم الخدمة ، **1,000,000.00** ريال سعودي او اكثريتم تطبيق خصم اخر وقدره **2%** على المبلغ المدفوع.
 - إذا بلغ أو تجاوز إجمالي المطالبات المقيدة على بوبا العربية عن أي سنته تقويميه لجميع أعضاء بوبا العربية الذين تم علاجهم عن طريق مقدم الخدمة مبلغ **120,000,000.00** ريال سعودي، يتم تطبيق خصم حجم العمل **1.5%** على كامل المبلغ الصافي للدفعه السنوية. (المبلغ الصافي هنا يعني إجمالي مبلغ الفاتورة ونهاية المدة المتفق عليها بالإضافة لقيمة التحمل، ناقصاً الخصومات المذكورة في البند رقم 3 أعلاه)
5. إذا تم تنفيذ أي إجراء متفق عليه بموجب قائمة السعر الشامل للعمليات بواسطة طبيب خارجي وتم اصدار فاتورة بشكل منفصل، فإنه يتم تخفيض السعر الشامل بواقع **30%** ويتم اصدار الفاتورة لبوبا العربية
6. يلتزم مقدم الخدمة بقبول جداول التسديد والأسعار الموضحة في هذا العقد كتسوية كاملة

billing balance or any amount other than the deductibles, co-payments, co-insurance, and excess limits that stipulated by Bupa Arabia.

ونهاية ولن يقوم بمطالبة المستفيدين بأي فرق أسعار أو أي مبلغ آخر بخلاف مبلغ الاقتطاع ونسبة المشاركة وما يزيد عن حدود التغطية والتي يتم تحديدها من قبل بوبا العربية.

7. تقوم بوبا العربية بتقييم المطالبات ومراجعة الاستهلاك بناءً على الفواتير والمستندات المرفقة ويحق لها طلب بيانات أو مستندات إضافية فيما يتعلق بأي مطالبة مرفوعة. ويحق لها اعتماد التعويضات التي تتمشى مع شروط وأحكام وثيقة التأمين وهذا العقد وحاجة المرضى، وسوف تقوم بالاعتراض واستقطاع أي تكاليف ترى أنها مقدمة خارج نطاق وشروط وأحكام هذا العقد وأي وثيقة تأمين.



Attachment 3: Pharmacies and Medicines

1. All medication issued by a Pharmacy belonged to or cooperating with the Provider, shall be pursuant to, the prescription of the treating Physician and for the treatment of a case covered by the Policy and in accordance with the terms of this Agreement.
2. Medication must be issued as per the quantity prescribed by the Physician, and in case of issuance of a quantity greater than the prescribed and the treatment required for the case; Bupa Arabia shall not be liable for the value of the excess quantity.
3. The maximum period for the prescription of medicine shall be 14 days except for the chronic cases or for the necessary treatment of acute cases, where the maximum period for issuance of the same shall be one month. Express approval must be sought and received from Bupa Arabia for any period that exceeds one month.
4. In the case of issuance of medicine for the in-patient Beneficiary, the billed amount for any medicine shall be made per the unit dose that the treating Physician has prescribed.
5. The Provider is obligated to provide all the medication in packs equal to the amount prescribed or in the next largest size package available in Pharmacies.
6. The Provider shall not – under any circumstances or reason - to replace the prescribed medicine with another unless is addressed by Law, regulation or Governmental announcement form the competent authorities of the Kingdom of Saudi Arabia.
7. Generic and unit dose medications must be dispensed by healthcare Provider.
8. All medications dispensed must be approved and registered by the Ministry of Health and other competent authorities of the Kingdom of Saudi Arabia –for example- Saudi Food & Drugs Authority.

مرفق رقم 3: الصيدليات والأدوية

1. يتعين أن تكون جميع الأدوية الصادرة من الصيدلية العائدة لمقدم الخدمة أو المتعاونة معه وفقاً للوصفة الطبية للطبيب المعالج ولعلاج الحالة المغطاة بالوثيقة وبموجب أحكام هذا العقد.
2. يجب صرف الأدوية بحسب الكمية الموصوفة من قبل الطبيب، وفي حالة صرف كمية أكبر من تلك الكمية الموصوفة والعلاج المطلوب للحالة، فلن تكون بوبا العربية ملزمة بسداد قيمة الكمية الزائدة.
3. تصرف الأدوية لمدة 14 يوماً بحد أقصى – باستثناء الحالات المزمنة أو العلاج اللازم للحالات الحادة، حيث يجوز صرف تلك الأدوية لمدة شهراً واحداً. ويلتزم مقدم الخدمة بالحصول على موافقة بوبا العربية الخطية لأي فترة تزيد عن شهر واحد.
4. في حالة صرف الأدوية للمرضى المنومين، يتم حساب تكلفة الدواء وفقاً للجرعة التي يصفها الطبيب المعالج.
5. يلتزم مقدم الخدمة بتقديم جميع الأدوية في عبوات متساوية للكمية الموصوفة أو التي تليها في الحجم وفقاً لما هو متوفّر في الصيدليات.
6. لا يحق لمقدم الخدمة بأن يستبدل الدواء الموصوف بدواء آخر تحت أي ظرف وأي أسباب باستثناء ما يكون بسبب نظام أو لائحة أو تعليم من الجهات المختصة في المملكة العربية السعودية أو البديل المحلي الفعال.
7. يجب على مقدم الخدمة صرف الأدوية وفقاً للاسم العلمي (المركب الفعال) وبنظام الجرعة.
8. يجب أن تكون جميع الأدوية معتمدة من قبل وزارة الصحة ومسجلة وفق الأنظمة المرعية بالملكة العربية السعودية – على سبيل المثال لا الحصر – – أنظمة ولوائح الهيئة العامة للغذاء والدواء.



Attachment 4 :Prices & Package Deals

1. The agreed Package Deal List and Price List form an integral part of this agreement and shall remain in force throughout the life of this agreement. No amendment shall be made which includes changes in service codes, service descriptions and price or deletion to the Price List or Package Deal List during the life of the Agreement. Additions to the Price list are subject to the written approval from Bupa Arabia.
2. Where the Agreement is automatically renewed between the parties the Price List and Package Deal List shall form part of the renewed terms.
3. Where a Bupa Arabia Beneficiary's treatment is not covered by his policy and that treatment would be provided at a discount to Bupa Arabia, the Provider shall try to extend such discount to Bupa Arabia Beneficiary when billing them.
4. Service Type Legend: CO = Consultation; OS = Other Services; DN = Dental Services; P1 = IP Package deal; P2 = Other Package deal; ME = Medications / Pharmacy; MG = Generic Medications; MB = Branded Medications; NC = Items not covered; OG = Optical Glasses; CM = Consumable Items; IM = Implants.

مرفق رقم 4: الأسعار وقائمة السعر الشامل.

1. تشكل قائمة الأسعار الملحقة بالعقد جزءاً لا يتجزأ منها وتظل نافذة وسارية المفعول طوال فترة سريان العقد. ولا يجوز إدخال أي تعديل والذي يتضمن تغيير ترميز الخدمة، أو وصف الخدمة، أو السعر، أو حذف من قائمة الأسعار الملحقة خلال فترة سريان العقد إلا بموافقة الطرفين الكتابية. على أن تخضع الإضافات في قائمة الأسعار الملحقة لموافقة بوبا العربية الخطية.
2. عند تجديد العقد تلقائياً بين الطرفين تشكل قائمة الأسعار الملحقة جزءاً لا يتجزأ من الأحكام المجددة.
3. عندما يكون العلاج المقدم للمستفيد غير مشمول بوثيقة التأمين الصحي فعلى مقدم الخدمة إبلاغ المستفيد بذلك قبل تقديم الخدمة وعليه النظر في تطبيق نفس الأسعار ونسب الحسومات لقائمة الأسعار الملحقة لمقدمة بوبا العربية على الفواتير التي يصدرها ويسدها المستفيد مباشرة لمقدم الخدمة.
4. مصطلحات انواع الخدمات: CO = استشارات وكشوفات، OS = الخدمات الطبية الاخرى, DN = خدمات الاسنان , P1 = الصفقات الشاملة للقسم الداخلي, P2 = الصفقات الشاملة الاخرى, ME = الأدوية, MG = الأدوية المحلية العامة, MB = أدوية العلامة التجارية, OG = خدمات غير مغطاة، NC = نظارات طبية، CM = أدوات استهلاكية، IM = زراعة.



Attachment 5 : Prompt payment & Discount

1. Once it is issued by Bupa Arabia, in its sole discretion, that the Service Provider strictly adheres to the billing Protocols, Bupa Arabia may agree to pay the Service Provider an amount equal to **NA** of the net invoices received from the Service Provider within 10 (ten) working days of submission of invoices. For purposes of this Clause, net invoice means the gross amount billed in accordance with the Protocols, less Discount and Deductible.
 2. The Provider agrees that Bupa Arabia will be entitled to a Prompt Payment Discount of **NA** of the amount paid by Bupa Arabia in accordance with Clause 1.
 3. The balance of the invoice will be paid in accordance with the terms of this Agreement, after due evaluation of the claims by Bupa Arabia to ensure compliance with the terms and condition of the Agreement
 4. If it is established, after completion of claims evaluation process, that the Provider has:
 - a. Been overpaid by Bupa Arabia, any amount such overpaid will be deducted from future payments due to the Provider.
 - b. Over billing Bupa Arabia, Bupa Arabia may, at its sole discretion, immediately cease with the terms of this Prompt Payment arrangement.
 5. Bupa Arabia reserves the right to terminate this prompt payment arrangement by written notice delivered by fax or registered mail, handed by hand the termination of this arrangement shall have no effect whatsoever to the rest of the Agreement
- مرفق رقم 5: أحكام الدفع الفوري والخصم**
1. يُعد هذا العقد ملزماً لمقدم الخدمة بما فيه من بروتوكولات الفوترة، ولبوبا العربية الموافقة على أن تدفع لمقدم الخدمة مبلغ يعادل ما نسبته **NA** من صافي قيمة الفواتير المستلمة من مقدم الخدمة خلال عشرة (10) أيام عمل من تاريخ استلام الفواتير. ولغرض هذه الفقرة فإن المقصود بصافي قيمة الفواتير هو إجمالي المبلغ الصادر بشأنه فواتير وفقاً للبروتوكولات محسوماً منه قيمة الخصومات والتحمل.
 2. يوافق مقدم الخدمة بأنه يحق لبوبا العربية (خصم الدفع الفوري) ونسبة **NA** من المبلغ المدفوع من قبل بوبا العربية بموجب الفقرة رقم 1.
 3. يتم دفع الرصيد المتبقى من الفاتورة بموجب أحكام هذا العقد بعد التقييم المطلوب للمطالبات ومراجعة الاستهلاك من قبل بوبا العربية لضمان توافقها مع شروط وأحكام العقد.
 4. إذا ثبت، بعد إنهاء عملية تقييم المطالبات ومراجعة الاستهلاك أن مقدم الخدمة:
 - أ- تلقى مبلغاً يزيد عن المبلغ المستحق من قبل بوبا العربية، فإنه يتم خصم أي مبلغ إضافي تم دفعه من الدفعات المستقبلية لمقدم الخدمة.

ب- في حالة إصدار فواتير لبوبا العربية بمبالغ إضافية تزيد عن المبالغ المستحقة، فيحق لبوبا العربية دون الرجوع لمقدم الخدمة أو الحصول على موافقته، أن توقف فوراً أحكام الدفع الفوري.
 5. تحفظ بوبا العربية بحقها في إنهاء ترتيبات الدفع الفوري بموجب إشعار خططي، ولن يكون إنهاء هذا الترتيب بأي تأثير، أيًّا كان نوعه، على بقية العقد.




Attachment 6: Fraud Abuse, negligence, misleading and Suspension of work

مرفق رقم 6: الاحتيال وإساءة الاستخدام والإهمال والتضليل وايقاف العمل

1. Definitions:

- A. **Misinformation:** The occurrence of behaviours from persons or entities in a manner that do not fall under the definition of fraud.
- B. **Negligence:** Providing insurance / medical procedures without a reasonable level of caution that is common in medical or insurance practice to be considered as reasonable, and as a result of this lack of caution the occurrence of material or moral damage to one of the insurance parties, which would not have occurred without the behaviour that lacked this reasonable caution

Generally, fraud is committed when a person knowingly provides- or assists another person in providing - false information used to determine the amount owed from a claim. Among other things, these may be on vouchers, service bills, diagnosis, medical prescriptions, service provider or doctor records, laboratory test results and any other type of document

2. Examples of **Fraud** (the list being non-exhaustive) are: -

- A. Doctors / Providers billing Bupa Arabia for a more costly service than the one performed (also referred to as "up-coding").
- B. Billing each stage in a procedure as if it were a separate procedure (known as "unbundling").

1. تعاريف:

أ. **التضليل:** حدوث سلوكيات من أشخاص أو جهات، بحيث لا تقع هذه السلوكيات تحت تعريف الاحتيال.

ب. **الإهمال:** تقديم إجراءات تأمينية/طبية بدون توخي مقداراً معقولاً من الحذر المتعارف عليه تأمينياً وطبياً، والذي كان سبباً في حدوث ضرر مادي أو معنوي لأحد الأطراف التأمينية لم يكن ليحصل لولا تصرف المتسبب بالإهمال على النحو الذي تصرفه

وعومما يتم ارتكاب الاحتيال عندما يقدم شخص مع علمه بذلك - أو يساعد شخص آخر على تقديم معلومات زائفة تستخدم لتحديد مبلغ المزايا المستحقة الدفع من المطالبة. ومن بين أشياء أخرى، يجوز أن تشتمل هذه على سندات القبض، أو فواتير الخدمات، أو التسخين، أو الوصفات الطبية، أو سجلات المقدم الخدمة أو الطبيب ونتائج الفحوصات المخبرية وأي نوع آخر من المستندات.

2. أمثلة على الاحتيال - على سبيل المثال لا الحصر:-

أ. قيام الأطباء / مقدمو الخدمة بإصدار فواتير لبوبا العربية بخدمة أكثر تكلفة مما تم تقديمها (والتي يشار إليها أيضاً بـ "الترميز الفوري").

ب. اصدار فاتورة لكل مرحلة من الإجراء وكأنه إجراء منفصل (المعروف بـ "فك الارتباط").



- C. Providing services such as tests, surgeries or other procedures that are not medically necessary to obtain additional payment.
- D. Billing for services not actually rendered (e.g. using genuine patient names to fabricate entire claims).
- E. Accepting gifts, payment, services or other consideration for referrals.
- F. Doctors / Providers forging receipts to get unwarranted reimbursement from Bupa Arabia.
- G. Embellishing or lying about services rendered.
- H. Doctors / Providers who falsify a report to Bupa Arabia to cover a non-covered procedure.
- I. Doctors / Providers waiving co-payments (deductibles).
- J. Non-eligible card use.
- K. Misrepresentation of the appropriate deductible.
3. Fraud, abuse, and neglect also include any image or example mentioned in a system or regulation.
- ج. تقديم خدمات مثل فحوصات أو جراحات أو إجراءات أخرى غير ضرورية من الناحية الطبية وذلك بغية الحصول على مبالغ إضافية.
- د. اصدار فواتير لخدمات لم يتم تقديمها بالفعل (مثل استخدام أسماء مرضى حقيقيين لتلقيق مطالبات كاملة).
- ه. قبول هدايا أو مبالغ أو خدمات وغير ذلك من التعويضات مقابل تحويل المرضى.
- و. تزوير الأطباء / مقدمو الخدمة لسندات قبض للحصول على تعويض غير مستحق من بوبا العربية.
- ز. تضخيم أو تزييف أو الكذب فيما يخص الخدمات التي تم تقديمها.
- ح. الأطباء / مقدمو الخدمة الذين يزيفون تقريراً لبوبا العربية لتغطية إجراء غير مغطى.
- ط. تخلي الأطباء / مقدمو الخدمة عن قيمة الاقتطاع (نسب تحمل).
- ي. استخدام بطاقة العضوية من غير المستفيد.
- ك. تحريف قيمة التحمل الصحيحة.
3. ويدخل في الاحتيال وإساءة الاستخدام والإهمال أي صورة أو مثال ورد ذكره في نظام أو لائحة.



4. It is agreed by the Parties that, should Bupa Arabia find evidence of any fraud or abuse, consistent billing errors that might be interpreted as a trend, or any other act or attempt to frustrate the general terms and spirit of this Agreement, such error, act or attempt on the part of the Provider constitutes a fundamental breach of this Agreement entitling Bupa Arabia, without prejudice to any other rights which Bupa Arabia has under this Agreement or by law and in manner, which shall not contradict with the unified agreement, to:

- A. Terminate this agreement immediately without the need of the service provider's approval.
- B. Suspend the Provider from the Bupa Arabia Network
- C. Present evidence of the Provider's error, act or attempt to CCHI and/or the Ministry of Health
- D. Take such other action to which Bupa Arabia is entitled under the terms of this Agreement or by Law; and to determine the percentage that the improper invoiced amount represent of the month in question's total invoice; and deduct a similar percentage retrospectively for the previous 6 (six) months accounts. This being the amount which the parties deem appropriate compensation for the damages suffered by Bupa Arabia as a result of the Provider's breach of Agreement, also additionally in lieu of such penalty claim all damages suffered by reason of the Provider's breach of Agreement.

4. اتفق الطرفان على أنه إذا عثرت بوبا العربية على دليل لأي احتيال أو سوء استخدام أو إهمال أو أخطاء متسقة في الفواتير يمكن أن تفسر كنوع من احتيال، أو أي عمل آخر أو محاولة لإبطال الأحكام العامة وروح هذا العقد، يشكل هذا الخطأ أو العمل أو المحاولة من جانب مقدم الخدمة يعد انتهاكاً أساسياً لهذا العقد مخولاً بوبا العربية، دون المساس بأي حقوق أخرى تتمتع بها بوبا العربية، بموجب هذا العقد أو بحكم القانون وبما لا يتعارض مع ما ورد في العقد الموحد إلى اتخاذ جميع أو بعض ما يلي:

أ. إنهاء هذا العقد فوراً دون الحاجة لموافقة مقدم الخدمة.

ب. استبعاد مقدم الخدمة من شبكة بوبا العربية.

ت. تقديم دليل على خطأ أو عمل أو محاولة مقدم الخدمة لمجلس الضمان الصحي التعاوني وأو وزارة الصحة وأي جهات حكومية أخرى.

ث. اتخاذ الإجراء اللازم المخول لبوبا العربية بموجب أحكام هذا العقد أو القانون؛ وتحديد النسبة المئوية التي يمثلها المبلغ غير الصحيح المفوت في إجمالي الفاتورة الشهرية موضع البحث، وخصم نسبة مئوية مماثلة بتأثير رجعي من حسابات الـ 6 (ستة) أشهر السابقة للفاتورة محل الواقعه. ويمثل هذا المبلغ ما يعتبره الطرفان تعويضاً ملائماً للأضرار التي تكبدتها بوبا العربية كنتيجة لانتهاك مقدم الخدمة للاتفاقية، بالإضافة إلى أحقيّة بوبا العربية بالطالبة بجميع الأضرار الناجمة عن انتهاك مقدم الخدمة للاتفاقية.



E. Bupa Arabia has the right to retain any due payments under this agreement until the amount of the damages has been determined and to apply such withheld payments towards satisfaction of the amount of such damages when it is quantified.

ج. يحق لبوبا العربية احتياز أي دفعات مستحقة بموجب هذا العقد إلى حين تحديد مبلغ الأضرار واستخدام تلك الدفعات المحتجزة للوفاء بمبلغ تلك الأضرار حينما يتم تحديد مقدارها.



Attachment 7: Addresses and Notices

مرفق رقم 7: العنوان والاشعارات

1. Correspondence and notifications between Bupa Arabia and the service provider shall be addressed to the addresses shown below, to be deemed served:

National Address for Bupa Arabia for Cooperative Insurance:

Bupa Arabia for Cooperative Insurance

3538 Nur Al Ihsan, Al-Khalediyah District,
Unit 2
Jeddah, 23423 -7505
Kingdom of Saudi Arabia
Tele: +966 920 000 456
Fax +966 2 639 1735
Email: ProviderRelations@bupa.com.sa

1. تتم المراسلات والإشعارات بين بوبا العربية ومقدم الخدمة على العنوان المبين أدناه تعتبر نافذة في حق الطرف الآخر:

العنوان الوطني لشركة بوبا العربية للتأمين التعاوني:

شركة بوبا العربية للتأمين التعاوني

3538 نور الإحسان - الخالدية،

وحدة رقم 2

جدة 7505 - 23423

المملكة العربية السعودية.

هاتف: +966 920 000 456

فاكس: +966-12-639-1735

بريد الكتروني: ProviderRelations@bupa.com.sa

Clearly marked: For the urgent attention of the Provider Relations Manager يعنون بوضوح إلى: عناية مدير علاقات مقدم الخدمة للأهمية.

The National Address for Saudi German Hospital Riyadh:

6785 King Fahd Branch Road
Al Sahafa Dist.
Riyadh 13321
Kingdom of Saudi Arabia
Phone: +966 2685555
Fax: +966 114871429
e-mail: emeladwey@sghgroup.net

العنوان الوطني للمستشفى السعودي الألماني فرع شركة الشرق الأوسط للرعاية الصحية:

6785 طريق الملك فهد الفرعى

حي الصحافة

الرياض 13321

المملكة العربية السعودية

هاتف: +966 2685555

فاكس: +966 114871429

بريد الكتروني: emeladwey@sghgroup.net
يعنون بوضوح إلى: عناية السيد المدير العام للأهمية.

Clearly marked: For urgent attention of the general manager



Attachment 8: Deductible Protocol

مرفق رقم 8: إجراءات قيمة التحمل

1. لقد تم الاتفاق على أن تكون قيمة التحمل مع المستفيد أو العميل إما بمبلغ محدد (على سبيل المثال 75 ريال سعودي أو 100 ريال سعودي أو 300 ريال سعودي) أو نسبة مئوية محددة لصافي المبلغ الذي صدرت بشأنه الفاتورة (على سبيل المثال 10% و 15% و 20%) وقد يتم الاتفاق على الجمع بين المبلغ المحدد والنسبة المئوية أو أن تكون النسبة المئوية محددة بمبلغ أقصى تختلف قيمة التحمل من مستفيد لآخر وسيتم إشعار مقدم الخدمة من قبل بوبا العربية عندما يتصل مقدم الخدمة أولاً ببوبا العربية لإشعار بوبا العربية بأن أحد المستفيدين يتطلب علاجاً.
2. عندما تكون قيمة التحمل ملغاً محدداً، يتعين على مقدم الخدمة تحصيله مباشرةً من المستفيد. لا يحق لمقدم الخدمة تحصيل قيمة التحمل لزيارات المراجعة لنفس الحالة الطبية.
3. إذا كانت قيمة التحمل نسبة مئوية فيتعين على مقدم الخدمة تحصيلها مباشرةً من المستفيد عند الاستشارة وعند الحصول على العلاج.
4. سواء كانت قيمة التحمل ثابتة أو نسبة مئوية فيجب أن تؤخذ على الدوام من صافي تكاليف العلاج (أي تكلفة قائمة الأسعار - ناقصاً إجمالي الخصومات) لكي يتمتع المستفيدين من الخصومات المتفق عليها مع بوبا العربية.
5. لن تدفع بوبا العربية قيمة التحمل في الحالات التي يفشل مقدم الخدمة في تحصيلها مباشرةً من المستفيد.
6. إذا كان صافي مبلغ الفاتورة أقل من قيمة التحمل، فإن بوبا العربية غير ملزمة بدفع ذلك الفرق.
7. يلتزم مقدم الخدمة بتحصيل قيمة التحمل من المستفيد. وتحتفظ بوبا العربية بحقها في إنهاء العقد مع مقدم الخدمة إذا تم التبليغ على أن مقدم الخدمة لا يقوم بتحصيل قيمة التحمل وإخطار مجلس الضمان الصحي التعاوني بهذه الممارسة.



Attachment 9: Expiry and/or Termination and /or suspension of the Contract

**مُرْفَقْ رَقْمْ 9: اِنْتَهَى الصَّالِحِيَةُ وَأَوْ الْإِنْهَاءُ وَأَوْ إِيقَافُ الْعَمَلِ
بِالْعَدْ**

1. This Agreement will expire automatically in any of the following circumstances:
 - A. Immediately in the event of the bankruptcy of or the appointment of a liquidator for either Party.
 - B. With a (60) sixty days prior notice in case of committing any act mentioned in Attachment 6, or Attachment 12 article 8.
 - C. The Provider's operating approval is annulled or suspended by the appropriate authorities that includes CCHI; or failed to renew any certifications issued by or the appropriate authorities - which also includes CCHI.
 - D. If the ownership or control of the Provider changes. However, in this case Bupa Arabia shall have the sole discretion to continue or terminate this Agreement with a (60) sixty days prior notice.
 - E. If the Provider changes its physical location. However, in this case Bupa Arabia shall have the sole discretion to continue or terminate the Agreement.
 - F. Bupa Arabia has the right to terminate the agreement with a (60) sixty days prior notice if it is proven to it that one of the conditions mentioned in the articles (4, 5, 7, 9, 10, 11) has been verified from Attachment 12 and the service provider did not notify Bupa Arabia of the situation immediately or did not abide by the specified procedures.
2. If Bupa Arabia is not satisfied with the Provider's clinical assessments and the outcome of billing audits periodically undertaken by Bupa Arabia, Bupa Arabia may terminate this Agreement by serving a (60) sixty days prior notice in writing on
 

- the Provider and expiry will occur automatically at the end of the last day of such notice.
- ب(60) ستون يوماً ل يقدم الخدمة وسينتهي العقد عند انقضاء آخر يوم من مدة الإشعار.
3. Expiry or termination of the Agreement, however if occurs, will not affect existing obligations for both Parties.
3. ومع ذلك، إذا حدث وانتهت صلاحية العقد أو تم إنهاؤها، فلن يؤثر ذلك على الالتزامات القائمة للطرفين.
4. The Provider will be removed from the Bupa Arabia Network upon expiry or termination of this Agreement.
4. سيتم استبعاد مقدم الخدمة من شبكة بوبا العربية بمجرد انتهاء صلاحية العقد أو إنهائها.
5. Without prejudice to sub-clause 1/C in this Attachment, Bupa Arabia shall have the right to suspend this Agreement, Bupa Arabia may exercise this right by sending a letter of suspension of this Agreement to the Provider if the Provider breaches the provisions of sub-clause 1/b. In case the breach is fixed, and the provider has fulfilled the legal requirements by CCHI, this Agreement shall be reinstated, and the Provider complies under the same terms and conditions as stated herein.
5. دون الالحاد بالبند 1/ت الوارد في هذا الملحق، فإنه يحق لبوبا العربية إيقاف العمل بهذا العقد بموجب إشعار خططي لمقدم الخدمة بإيقاف العمل بهذا العقد في حال ارتكب مقدم الخدمة الإخلالات الواردة في البند 1/ب. يحق لبوبا العربية إعادة العمل بهذا العقد في حال زال الخلل وقام مقدم الخدمة بتصحيح وضعه على أن يتم إعادة العمل بنفس الشروط والأحكام الموقعة والواردة بها وتمديد مدة العقد وفقاً لمدة الإيقاف.



Attachment 10: Utilization Management

مُرفق رقم 10: إدارة الاستهلاك

1. The parties are obligated to provide services in accordance with generally accepted professional and ethical standards that are consistent with accepted medical and modern methods while observing the requirements of cost-effectiveness in medical services and procedures, and that medical procedures are limited only to what the necessary treatment needs.
 2. The Provider accepts that Bupa Arabia will monitor the provision of services and conduct utilization management procedures, and both parties agree on the following:
 - A. The Provider shall ensure that all the medical services, including but not limited to laboratory analysis, x-ray, CAT scans, surgical intervention and the quantity of the prescribed medicines, constitute medical necessity without any addition.
 - B. The Provider must not request or claim charges more than what is necessary to treat the patients' condition or beyond the acceptable standards of care.
 - C. Bupa Arabia shall not approve or pay any expenses, costs or claims it deems in its opinion have occurred without justifiable medical necessity.
 - D. Bupa Arabia may apply referral letter requirement and/or waive deductible for certain patients or clients, at its own discretion.
1. يلتزم الطرفين بتقديم الخدمات وفقاً للمعايير المهنية والأخلاقية المقبولة عامة التي تتفق والأساليب الطبية والحديثة المقبولة والمتعارف عليها مع مراعاة متطلبات فعالية التكلفة في الخدمات والإجراءات الطبية، وأن تكون الإجراءات الطبية مقصورة على ما تتطلبها حاجة العلاج الضرورية.
2. يقبل مقدم الخدمة بأن تقوم بوبا العربية بمراقبة ومراجعة تقديم الخدمات والاستهلاك، ويوافق كلا الطرفين على التالي:
- أ. يضمن مقدم الخدمة أن جميع الخدمات الطبية، بما في ذلك على سبيل المثال لا الحصر، التحاليل المخبرية والأشعة وأشعة التصوير الطبي والتدخل الجراحي وكمية الأدوية الموصوفة، تشكل ضرورة طبية من دون أي إضافة.
 - ب. يجب ألا يطلب مقدم الخدمة أو يطالب بمصاريف أكثر من اللازم لعلاج حالة المرضى أو خارج نطاق المعايير المقبولة للرعاية.
 - ت. لن توافق بوبا العربية أو تدفع أي مصاريف أو تكاليف أو مطالبات تعتبر طالما أنها نشأت دون أي حاجة طبية يمكن تبريرها.
 - ث. يجوز لبوبا العربية استخدام خطاب إحالة و/أو إعفاء قيمة التحمل لعدد من المرضى أو العملاء، بمحض حريتها و اختيارها.



- E. Bupa Arabia may request second opinions for its insured patients, whether ambulatory or admitted, and the Provider shall provide the necessary information, reports, and investigation results and properly facilitate the attendance of such patients by representative and/or external reviewer selected by Bupa Arabia.
- ج. يحق لبوبا العربية أن تحصل على رأي طبي ثانٍ للمستفيدين سواء كانوا في العيادات الخارجية أو منومين، ويقوم مقدم الخدمة بتوفير المعلومات والتقارير ونتائج الفحوصات الازمة وتسهيل معاینة هؤلاء المرضى بواسطة الأشخاص المخولين أو الذين تختارهم بوبا العربية للاطلاع ومراجعة الحالة.
- F. Bupa Arabia may request that certain services and/or amounts need Bupa Arabia's preauthorization, and the Provider accepts to follow the related protocols and procedures indicated in this Agreement.
- ح. يحق لبوبا العربية طلب الحصول على الموافقة المسماة لعدد من الخدمات و/أو المبالغ، كما يوافق مقدم الخدمة على اتباع البروتوكولات والإجراءات ذات العلاقة بذلك والموضحة في هذا العقد.
- G. Bupa Arabia may assign a mobile doctor to review case management of its patients. The Provider shall ensure that the mobile doctor will have free access to the medical records and discuss the case with the staff of the Provider.
- خ. يحق لبوبا العربية تعيين طبيب متنقل لمراجعة علاج الحالات المرضية للمستفيدين داخل مقر مقدم الخدمة. ويعهد مقدم الخدمة بتمكين الطبيب المتنقل من الدخول والاطلاع على السجلات الطبية ومناقشة الحالة مع أطباء وموظفي مقدم الخدمة.
- H. Both parties accept that patients must not be involved or affected by decisions related to the utilization management. In emergency cases and for admitted patients, any financial disputes of emergency situations and hypnosis are to be discussed and addressed at the proper time of settling accounts.
- د. يلتزم كلا الطرفان بـألا يرتبط أو يتآثر المستفيدين بقرارات تتعلق بإدارة الاستهلاك. يتم مناقشة ومعالجة أي خلافات مالية للحالات الطارئة والتنوييم عند إجراء الاستقطاعات وتصفيية الحسابات الدورية.



Attachment 11: Billing procedures

1. Upon signing the Agreement, the Provider must attach the original copy of the agreed price list which is an integral part of this Agreement.
2. The list must be formulated and typed in English.
3. The list must pertain clear and scientific description of and specific service codes of each service, including medication and medical supplies.
4. The codes applicable must be the unified ICD-10-AM or any other agreed codes recognized and approved by CCHI and Bupa Arabia. Charges for services billed without the agreed specific codes will not be paid.
5. New and/or additional services must not be billed without prior, advance, notice of no less than 30 days and the approval of Bupa Arabia. In case of emergency, prices approved by the Ministry of Health in the Kingdom shall apply. The Provider shall close the account of each month at month end and shall send all claims related to that period within at maximum 30 business days from the date that those claims were first made eligible to be submitted, these claims must include the set minimum information (MDS) as required by the Health Insurance Board and Bupa Arabia, as well as including the following details:
 - A. Separate IPD and OPD batches.
 - B. Claims for each policy.
 - C. Claims for each insured person.
 - D. The following documents must be attached with each and every claim:
 - i. The doctor's original examination and medical report that must be in a clear and readable form; Using the applicable insurance claim forms, for outpatient treatment cases, and in cases of hypnosis, the original exit report is printed in English and detailed with the patient's history and complaint for the entry diagnosis, case development, treatment plan and final diagnosis, on the official service provider's



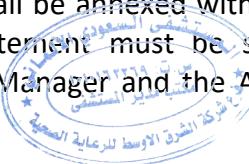
مرفق رقم 11: إجراءات الفوترة والفوواتير

1. عند التوقيع على العقد، يجب أن يرفق مقدم الخدمة النسخة الأصلية لقائمة الأسعار المتفق عليها والتي تشكل جزءاً لا يتجزأ من هذا العقد.
2. يجب صياغة قائمة الأسعار (الخدمات والشاملة) وطباعتها باللغة الإنجليزية.
3. يجب أن تحتوي القائمة على وصف واضح ومفصل وعلمي وترميز خاص لكل خدمة على حدة، بما في ذلك الأدوية والتجهيزات الطبية.
4. يجب أن يكون الترميز المعتمد به موحداً (ICD-10-AM) أو أي ترميز آخر متفق عليه ومعترف به ومعتمد من قبل مجلس الضمان الصحي ومن قبل بوبا العربية. لن يتم دفع مصروفات الخدمات التي صدرت بشأنها فواتير بدون الرموز المحددة المتفق عليها.
5. يجب ألا يتم اصدار فواتير لخدمات جديدة و/أو إضافية دون إشعار مسبق بما لا يقل عن 30 يوماً وموافقة بوبا العربية. في حالة الطوارئ، سيتم تطبيق الأسعار المعتمدة من قبل وزارة الصحة السعودية. سيغفل مقدم الخدمة حساب كل شهر في نهاية الشهر ويقوم بإرسال جميع المطالبات الخاصة بتلك الفترة في غضون ثلاثة (30) يوماً كحد أقصى - من تاريخ استحقاق المطالبات، على أن تتضمن تلك المطالبات الحد الأدنى من المعلومات (MDS) كما هو متطلب من قبل مجلس الضمان الصحي وبوبا العربية، بما في ذلك البيانات التالية:
 - أ. دفعات منفصلة لكل من التنويم والعلاج العيادات الخارجية.
 - ب. مطالبات كل وثيقة على حدة.
 - ج. مطالبات كل مستفيد على حدة.
 - د. يجب إرفاق المستندات التالية مع كل مطالبة:
- ن. الكشف الأصلي للطبيب وتقريره الطبي بشكل جلي وواضح ومقروء؛ مستخدماً نماذج مطالبة التأمين المعتمد بها، لحالات العلاج بالعيادات الخارجية، وفي حالات التنويم يتم إرفاق أصل تقرير الخروج مطبوعاً باللغة الإنجليزية ومفصلاً للتاريخ المرضي والشكوى لتشخيص الدخول وتطور الحالة وخطة العلاج والتشخيص

papers signed by the attending physician and certified by the Medical Administration Provided for the service. Bupa Arabia may issue its ruling on the basis of the information provided in the beginning, and any claim that contains a change in the diagnosis or the previous health or historical health condition may not be accepted.

النهائي وذلك على أوراق مقدم الخدمة الرسمية موقعة من قبل الطبيب المعالج ومصدقة من الإدارة الطبية المقدمة للخدمة. لتصدر بوبا العربية حكمها على أساس المعلومات المقدمة في البداية ويجوز إلا تقبل أي طالبة تحتوي على تغيير التشخيص أو الوضع الصحي أو التاريخي المرضي السابق.

- ii. Original of the medical prescription and the quantity required for the insured's treatment;
 - iii. Name, license number, and the level of qualification and speciality of the treating doctor (General Practitioner –Second Specialist –First Specialist– Consultant);
 - iv. Original, aggregate and typed in English or Arabic invoice of all the services provided for each Beneficiary, using the UBF 1.0, copy attached.
 - v. Original of the medicine invoices – should they be issued by the pharmacy of the Provider.
 - vi. The immediate approval in the cases requires the obtainment of a prior approval signed by the insured who received the services.
 - vii. Copy of the Beneficiary's Insurance Card. Copy of the governmental ID must be kept in each patient's file, and also, to be attached to each IPD claim.
 - viii. Copies of all investigation results and the original physiotherapy sheet.
 - 6. A separate statement of account for each group and general summary statements for each batch, each month as per the UBF 1.0 forms shall be annexed with these claims. Such statement must be signed by the General Manager and the Accounts Chief
- ii. أصل الوصفة الطبية والكمية المطلوبة لعلاج المستفيد.
- iii. اسم الطبيب المعالج ورقم ترخيصه ومستوى مؤهلاته و اختصاصاته (طبيب عام - أخصائي ثانى - أخصائي أول - استشاري):
- iv. أصل الفاتورة الشاملة والمجمعة لكل مريض مطبوعة باللغة الإنجليزية ومتضمنة لجميع الخدمات المقدمة باستخدام UBF 1.0 مرفق بطيه نسخة منه.
- v. أصل فواتير الدواء – إذا تم إصدارها من قبل صيدلية مقدم الخدمة.
- vi. الموافقة المسبقة في الحالات التي تتطلب الحصول فيها على الموافقة المسبقة، موقعة من قبل المستفيد الذي حصل على الخدمات.
- vii. نسخة من بطاقة تأمين المستفيد ونسخة من الهوية النظامية (بطاقة الهوية الوطنية لل سعودي وهيوية مقيم غير السعودي) التي يجب أن يتم حفظها في كل ملف للمريض، ويتم إرفاقها أيضاً بكل طالبة تنويه.
- viii. نسخ من جميع نتائج الفحوصات ونماذج العلاج الطبيعي الأصلية.
- . 6. يجب إرفاق كشف حساب منفصل لكل مجموعة وكشوفات ملخص عام لكل دفعه، لكل شهر بحسب النماذج المرفقة، مع تلك المطالبات. يجب توقيع تلك الكشوف من قبل المدير العام



- or their seconds and sealed with the official stamp of the Provider.
7. Original claims and the attachments must be submitted in addition to electronic copy (E-claims) of the invoices and statements.
8. Group and summary statement must contain Gross amounts, discount, deductible and net amount along with the Beneficiary's name, Bupa Arabia membership number, patient file number, and invoice numbers.
9. All received statement must be typed in English.
10. E-claims must tally the total amount when compared to the general, group statement.
11. Data on the E-claims must match with the data on the actual (physical) claims.
12. All E-claims data must be received via email addressed to (CCU@bupa.com.sa) and prior to the receipt of claims.
13. Where the Provider delays sending claims related to a specific month, for more than 30 business days at the latest from the date where the claim was first eligible to be made and submitted, Bupa Arabia shall have the right not to approve these claims, unless it determines that the delay was due to reasons beyond the control of the Provider.
- وكبير المحاسين أو نوابهم على أن يتم ختمها بالختم الرسمي لمقدم الخدمة.
7. يجب تقديم المطالبات الأصلية والمرفقات إضافة إلى النسخ الإلكترونية (المطالبات الإلكترونية) للفواتير والكشففات.
8. يجب أن تضمن كشوف المجموعة والملاخص إجمالي المبالغ والخصم وقيمة التحمل وصافي المبلغ إضافة إلى اسم المستفيد ورقم عضوية بوبا العربية ورقم المستفيد وأرقام الفواتير.
9. يجب طباعة جميع الكشففات المستلمة باللغة الإنجليزية.
10. يجب أن تتطابق المطالبات الإلكترونية مع المبلغ الإجمالي عندما يتم مقارنتها بكشوف المجموعة العام.
11. يجب أن تتطابق بيانات المطالبات الإلكترونية مع بيانات المطالبات الفعلية (الورقية).
12. يجب استلام جميع المطالبات الإلكترونية عبر البريد الإلكتروني (ccu@bupa.com.sa) قبل استلام المطالبات الفعلية (ورقية).
13. عندما يؤخر مقدم الخدمة إرسال المطالبات الخاصة بشهر عينه، لأكثر من 30 يوم من تاريخ استحقاق المطالبات، يحق لبوبا العربية رفض تلك المطالبات وعدم سدادها، مالم يثبت أن التأخير كان نتيجة لأسباب خارجة عن إرادة مقدم الخدمة.



Attachment 12: General Terms

مرفق رقم 12: أحكام عامة

1. Confidentiality:

All data, prices and information exchanged between the parties are private to the parties and/or the beneficiaries and may not be disclosed in any way to any other party.

2. Copies and language:

This Agreement has been reproduced in two original copies, each of party has received its own copy to work with. As well as in Arabic and English, and in case of contradiction in the interpretation of any of the provisions of this Agreement, the Arabic text shall prevail.

3. Taxes and Fees:

The prices in the price list and services of this Agreement do not include Value Added Tax or any other taxes. Issued invoices shall include any imposed taxes in accordance with the Laws and Regulations.

4. Trademark /Copyright /Intellectual Property Rights:

The Second Party hereby acknowledges that no license to any Intellectual Property of Bupa Arabia or to any trademark shall be granted or deemed to be granted hereunder.

Both parties agree that all intellectual property rights, copyrights and trademarks owned by one of the parties prior to or at the commencement of this Agreement belong to its owner, and the other party shall not use them without obtaining a prior written consent of the owner. The Service Provider shall indemnify Bupa Arabia from any obligations or rights arising from the Service Provider's violation of intellectual property rights.

1. السرية:

جميع البيانات والأسعار والمعلومات المتبادلة بين الطرفين سواء الخاصة بالطرفين أو المستفيدين لا يجوز بأي حال من الاحوال إفشاءها لأي طرف آخر.

2. نسخ العقد واللغة المعتمدة:

حرر هذا العقد من نسختين أصليتين، تسلم كل طرف النسخة الخاصة به للعمل بها. كما حررت باللغتين العربية والإنجليزية، وفي حال التعارض في تفسير أي من نصوص هذا العقد فإن النص العربي هو النص المحكم والنهائي لها.

3. الرسوم والضرائب:

الأسعار الواردة في قوائم الأسعار الشاملة والخدمات لا تشمل ضريبة القيمة المضافة ولا أي رسوم أو ضرائب أخرى. على أن يتم تضمين الفواتير أي ضرائب مفروضة وفقاً لأنظمة ولوائح.

4. العلامة التجارية وحقوق الملكية والنشر:

يقر الطرف الثاني أنه لم يتم منحه أي ترخيص أو حق لأي ملكية فكرية أو علامة تجارية خاصة بشركة بوبا العربية أو يعتبر منوحاً لأي من هذه الحقوق بموجب هذا العقد.

يقر الطرفان على أن جميع حقوق الملكية الفكرية وحقوق النشر والعلامات التجارية والمملوكة لأحد الأطراف قبل أو عند بدء هذا العقد تعود لمالكها ولا يحق للطرف الآخر استخدامها ألا بعد الحصول على موافقة خطية من مالكها. ويلتزم مقدم الخدمة بتعويض بوبا العربية عن أي التزامات أو حقوق ناشئة عن انتهاك مقدم الخدمة لحقوق الملكية الفكرية.



5. Usage of Bupa's Trademark:

The usage of Bupa's trademark by the Service Provider is subject to the following conditions:

A. The service provider has the right to use the Bupa Arabia trademark during the validity of this agreement without the need for Bupa Arabia's prior approval in the following cases only:

1. Directional signs in the Provider.
2. Bupa Arabia Beneficiaries welcoming signs to the Provider.
3. Signs indicating the acceptance of Bupa Arabia Beneficiaries in the Provider.
- B. Hospital to indicate Bupa Arabia as included in the list of insurance companies via website, mobile, posters, flyers, brochures, signage.
- C. Bupa Arabia prior approval is required before the use of its logo in the following cases:

- i. Promotional communication via website, mobile, print and/or social media channels.
- ii. Any event / workshop initiated or hosted by the Provider.
- iii. Any direct communication with Bupa Beneficiary via email

D. Providers must never obtain Bupa Arabia logo via online search engines and other sources apart from Bupa Arabia's RM, who shall align with the Marketing Team.

5. استخدام العلامة التجارية الخاصة ببوبا العربية:

استخدام العلامة التجارية الخاصة ببوبا العربية من قبل مقدم الخدمة يخضع للشروط التالية:

أ. يحق لمقدم الخدمة استخدام العلامة التجارية لبوبا العربية خلال سريان هذا العقد دون الحاجة لموافقة بوبا العربية المسبقة في الحالات التالية فقط:

1. لافتات الاتجاهات لدى مقدمي الخدمة.
2. لافتات الترحيب بمستفيدي بوبا العربية لدى مقدمي الخدمة.
3. الإشارة بقبول التأمين ببوبا العربية الصحي لدى مقدم الخدمة.

ب. الإشارة بقبول تأمين بوبا العربية لدى مقدم الخدمة من خلال الموقع الإلكتروني والهاتف المحمول والملصقات، والنشرات، والكتيبات، واللافتات.

ج. يلتزم مقدم الخدمة بالتنسيق مع بوبا العربية والحصول على موافقتها المسبقة عند استخدام العلامة التجارية الخاصة ببوبا العربية في الأغراض التالية:

- i. الإعلانات الترويجية عبر الموقع الإلكتروني أو الهاتف المحمول أو القنوات الإعلامية المطبوعة.
- ii. أي حدث أو ورشة عمل مقامة من قبل مقدم الخدمة أو مستضافة لديه.
- iii. أي اتصال مباشر مع مستفيدي بوبا العربية عبر البريد الإلكتروني.

د. يلتزم مقدم الخدمة بالحصول على العلامة التجارية لبوبا العربية من خلال مدير العلاقة الخاص به في بوبا العربية والذي يتوجب عليه الحصول على موافقة إدارة التسويق.



6. Force Majeure:

A. Neither Party shall be liable to the other for any breach or delay in the performance of its obligations hereunder if and to the extent that such breach or delay is caused due to a Force Majeure event.

B. In case such event occurs, the affected party shall promptly notify the other party in writing thereof specifying the details of such event and use its best effort to correct it. If this continues for a period of two months from the date of notification either party may terminate the Agreement immediately.

أ. لن يكون أي من الطرفين مسؤولاً تجاه الطرف الآخر عن أي تقصير أو تأخير في أداء التزاماته بموجب هذا العقد في حالة حدوث هذا التقصير أو التأخير بسبب قوة قاهرة خارجة عن إرادته وإلى الحد الذي يحدث فيه ذلك.

ب. في حالة تعرض أحد الأطراف لقوة قاهرة، فيلتزم الطرف المتأثر بإخطار الطرف الآخر كتابياً على الفور بتفاصيل هذه القوة القاهرة وأن يبذل قصارى جهده لتصحيحها، وفي حال استمرت هذه الحالة لمدة 60 يوماً من تاريخ الإخطار، يجوز لأي طرف إنهاء العقد على الفور.

7. Anti- Bribery:

In relation to the transactions and or services subject of the Agreement, neither the Service Provider nor any of its Affiliate or employees have made, offered or authorized or will make, offer or authorize any payment, gift, promise or other advantage, whether directly or through any other person or entity, to or for the use or benefit of any Bupa office, director or employee where such payment, gift, promise or other advantage would violate the Anti-Bribery and Money-Laundering Laws and obligations or any other applicable Law.

يقر مقدم الخدمة بأنه لم يقدم هو وأي من الشركات التابعة أو الموظفين التابعين له بتقديم أو عرض أي مددوعات أو هدايا أو وعد أو أي ميزة أخرى، سواء كانت مباشرة أو من خلال أي شخص أو كيان آخر لأحد موظفي بوبا العربية، حيث ينتهك هذا السداد، أو الهداية، أو الوعود، أو أي ميزة أخرى قوانين والالتزامات مكافحة الرشوة وغسل الأموال.

8. Conflict of Interest:

The Provider warrants that to the best of its knowledge and belief, it is not involved in any situation that might create, or appear to create, a conflict of interest with Bupa Arabia during the course of this Agreement. Should a Conflict of Interest arise, the Service Provider must inform Bupa Arabia immediately, otherwise Bupa Arabia

8. تضارب المصالح:

يقر الطرف الثاني وفقاً لما يتوفّر لديه من معلومات بأنه لا يشارك في أي موقف قد يتسبّب أو يبدو أنه يتسبّب في تضارب في المصالح مع شركة بوبا العربية خلال هذا العقد. في حالة حدوث تضارب في المصالح ويلتزم مقدم الخدمة بإخطار بوبا العربية فور علمه بوجود أو حدوث تضارب للمصالح، وإلا سيكون لبوبا العربية الحق في إنهاء العقد على الفور.



will have the right to terminate the Agreement immediately.

9. No Solicit:

Neither party shall for a period of 6 months from the expiry/termination of the Agreement directly or indirectly, solicit or entice away (or attempt to solicit or entice away) from the employment of the other party any employee of the other party who is employed or engaged in any services or other capacity relevant to the Agreement.

10. No Publicity:

Unless required by any law or regulation, neither Party will make any public announcement nor press release regarding any proposal letter, nor any activities performed under it without the prior written consent of the other Party.

11. Sub-Contracting:

The service provider is not entitled to subcontract in order to implement all or some of the works and services mentioned in this agreement without obtaining the prior written approval of Bupa Arabia except for the scope of work designated to the revenue cycle management companies, provided that this approval does not exempt the second party from liability and obligations resulting from it under the agreement, but the service provider remains responsible for every act, error, or negligence committed from any subcontractor, its agents, employees, or workers, in a manner as if this act, error, or negligence was committed by the service provider himself, or from his agents, employees, or workers.

9. عدم الاستقطاب:

يلتزم الطرفين خلال مدة العقد ولمدة سنة على الأقل من انتهاء أو إنهاء العقد من عدم استقطاب أو توظيف أحد موظفي الطرف الآخر من كانوا يعملون أو عملهم متعلق بهذا العقد.

10. الإعلانات:

يلتزم الطرفين بعدم إصدار أي إعلان عام أو بيان صحفى بخصوص هذا العقد دون موافقة خطية مسبقة من الطرف الآخر، مالم يكن ذلك الطرف ملزماً بالإعلان بموجب قانون أو لائحة

11. التعاقد من الباطن:

لا يحق لمقدم الخدمة أن يتعاقد من الباطن لتنفيذ جميع أو بعض الأعمال والخدمات الواردة في هذا العقد بدون الحصول على موافقة خطية مسبقة من بوبا العربية باستثناء نطاق العمل المحدد لشركات إدارة دورة الإيرادات، على أن هذه الموافقة لا تعفي الطرف الثاني من المسئولية والالتزامات المترتبة عليه بموجب العقد بل يظل مقدم الخدمة مسؤولاً عن كل تصرف أو خطأ أو إهمال يصدر من جانب أي مقاول من الباطن أو من وكلائه أو موظفيه أو عماله كما لو كان هذا التصرف أو الخطأ أو الإهمال صادراً من مقدم الخدمة نفسه أو من وكلائه أو موظفيه أو عماله.



12. التنازل:

The failure or delay of either party to enforce or to exercise at any time any term of or any right pursuant to the Agreement shall not be construed as a waiver of any such right and shall not affect that party's right later to enforce or exercise it or any other right under this Agreement.

لا يُفسر—فشل أو تأخير أي من الطرفين في إنفاذ أو ممارسة أي حق وارد في هذا العقد لأي مدة أو في أي وقت على أنه تنازل عن ذلك الحق، ولن يؤثر ذلك على أحقيبة الطرف فيما بعد في إنفاذ أو ممارسة ذلك الحق أو أي حق آخر بموجب هذا العقد.

13. الاستمرارية:

Each provision of the Agreement shall be construed separately and notwithstanding that the whole or any part of any such provision may prove to be illegal or unenforceable the other provisions and the remainder of the provision in question shall continue in full force and effect.

يتم قراءة وتفسير كل بند من بنود العقد بشكل مستقل، وفي حال ثبت عدم قانونية أو استحالة تطبيق أحد بنود العقد فإن ذلك ينطبق على ذلك البند فقط دون غيره وتظل سائر بنود العقد قائمة وملزمة تجاه الأطراف.

14. الشراكة والوكلة:

Nothing in the Agreement is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party the agent of the other party, or authorize either party to make or enter into any commitments for or on behalf of the other party.

ليس في هذا العقد ما يقصد به أو يعتبر إقامة شراكة أو مشروع مشترك بين الطرفين أو تعيين أي طرف كوكيل عن الطرف الآخر أو تفويض أي من الطرفين بتقديم أو الدخول في أي التزامات لصالح أو نيابة عن الطرف الآخر.

15. Entire Agreement:

The Agreement represents the entire understanding between the parties with respect to the subject matter thereof and supersedes all new or contradictory legal terms and conditions, previous agreements, promises, proposals, representations, understandings and negotiations, whether written or oral relating to the services specified in the Agreement.

15. كامل العقد:

يمثل العقد الفهم الكامل بين الطرفين فيما يتعلق ب موضوعها وتحل محل جميع الشروط والأحكام والاتفاقات السابقة والوعود والمقترحات والعروض والتفاهمات والمفاوضات، سواء كانت مكتوبة أو شفهية فيما يتعلق بالخدمات المحددة في العقد.



Attachment 13: Data Protection and Information Security

1. This Attachment sets the terms and conditions for the security and protection of information in accordance with the laws and regulations of the Saudi Arabian Monetary Agency, the Cooperative Health Insurance Council and the National Cyber Security Authority. Bupa Arabia has formulated these terms and conditions to ensure the security and protection of information exchanged between the two parties and customer information and their treatment.
2. The service provider agrees within 15 days of signing the agreement to specify the contact person for information security and protection through which coordination is made between the information security manager in Bupa Arabia and the service provider with all matters relating to the security and protection of information through a letter or an email containing the name of the contact person and the contact information in order to communicate with him.
3. Bupa Arabia reserves the right to conduct a periodic review and / or evaluation of the security and protection systems of the service provider, in accordance with a written notice of no less than 3 working days or when one of the following situations occurs:
 - A. The presence of suspicious activities.
 - B. Cyber security incident related to the service provider system.
 - C. Cyber security incident regarding Bupa Arabia systems.
4. Through periodic review and evaluation, the extent of the service provider's compliance with the requirements of information security and protection is determined and in the event that the service provider does not correct the observations within 30 days, Bupa Arabia has the right to terminate the agreement immediately, provided that this does not affect the existing obligations of the two Parties.



مرفق رقم 13: أمن وحماية المعلومات

1. يحدد هذا الملحق شروط وأحكام أمن وحماية المعلومات وفقاً لأنظمة ولوائح مؤسسة النقد العربي السعودي ومجلس الضمان الصحي التعاوني والهيئة الوطنية للأمن السييرياني، وقد قامت بوبا العربية بصياغة هذه الشروط والأحكام لضمان أمن وحماية المعلومات المتبادلة بين الطرفين ومعلومات العملاء والعلاج الخاص بهم.
2. يتعهد مقدم الخدمة خلال 15 يوم من توقيع العقد بتحديد موظف الاتصال الخاص بأمن وحماية المعلومات والتي من خلاله يتم التنسيق بين مدير أمن المعلومات في بوبا العربية ومقدم الخدمة بجميع ما يخص أمن وحماية المعلومات وذلك من خلال خطاب أو بريد الكتروني يتضمن اسم موظف الاتصال ومعلومات التواصل معه.
3. تحفظ بوبا العربية بحقها في إجراء مراجعة وأو تقييم دوري لأنظمة أمن وحماية المعلومات الخاصة بمقدم الخدمة وذلك بموجب إشعار خططي لا تقل مدة عن 3 أيام عمل أو عند حدوث أحد الحالات التالية:
 - أ. وجود أنشطة مشبوهة.
 - ب. حادثة الأمان السييرياني فيما يتعلق بنظام مقدم الخدمة.
 - ج. حادثة الأمان السييرياني فيما يتعلق بأنظمة بوبا العربية.
4. من خلال المراجعة والتقييم الدوري يتم تحديد مدى التزام مقدم الخدمة بمتطلبات أمن وحماية المعلومات وفي حال لم يقدم مقدم الخدمة بتصحيح الملاحظات خلال 30 يوماً فيتحقق لبوبا العربية إنهاء العقد فوراً على ألا يؤثر ذلك على الالتزامات القائمة للطرفين.

5. The service provider agrees to the following security and protection requirements:
 - D. Not to use hosting sites outside the Kingdom of Saudi Arabia.
 - A. Ensure that all data and information are backed up, kept in a safe place and updated on a daily basis.
 - B. Encryption of data.
6. The service provider agrees not to issue any press, official or public statements related to a cyber security incident unless after notifying Bupa Arabia of at least 3 working days.
7. Bupa Arabia is not responsible for economic losses or any other damages caused by technical problems that may occur due to service interruptions.
8. Bupa Arabia issues a username and a master password to the service provider, through which the service provider can issue a number of secondary accounts to use the Bupa Arabia electronic services.
9. The service provider is obliged not to use the main account or secondary accounts except by the persons for whom the accounts were issued, and the use of the account by any other person, with or without the consent of the account owner, is considered a cyber security incident along with the resulting procedures.
10. The service provider agrees to keep the username and main password in a safe place and not to inform any unauthorized third party and to be responsible for security, integrity and appropriate authorized use of the Bupa Arabia e-services.
11. The service provider is obliged to inform Bupa Arabia immediately in the event of a cyber security incident or discovery or the presence of suspicious activities related to the Bupa Arabia electronic services or the systems of the service provider that communicate at any time with the Bupa Arabia system and the service



5. يلتزم مقدم الخدمة بمتطلبات أمن وحماية المعلومات التالية:
 - أ. عدم استخدام موقع استضافة خارج المملكة العربية السعودية.
 - ب. التأكد من وجود نسخة احتياطية لجميع البيانات والمعلومات تحفظ في مكان آمن وتحدد بشكل يومي.
 - ج. تشفير البيانات والمعلومات
6. يتعهد مقدم الخدمة بعدم إصدار أي تصريحات صحفية أو رسمية أو علانية تتعلق بحدث آمن سيبراني إلا بعد إشعار بوبا العربية بما لا يقل عن 3 أيام عمل.
7. بوبا العربية ليست مسؤولة عن الخسائر الاقتصادية أو أي أضرار أخرى ناتجة عن مشاكل فنية قد تحدث بسبب انقطاع الخدمة.
8. تقوم بوبا العربية بإصدار اسم مستخدم وكلمة مرور رئيسية لمقدم الخدمة والتي من خلاها يستطيع مقدم الخدمة إصدار عدد من الحسابات الثانوية لاستخدام خدمات بوبا العربية الالكترونية.
9. يلتزم مقدم الخدمة بعدم استخدام الحساب الرئيسي أو الحسابات الثانوية إلا من قبل الأشخاص التي أصدرت الحسابات من أجلهم، ويعتبر استخدام الحساب من قبل أي شخص آخر سواء بموافقة صاحب الحساب أو عدمه كحادثة آمن سيبراني وما يتربى على ذلك من إجراءات.
10. يتعهد مقدم الخدمة على الحفاظ على اسم المستخدم وكلمة المرور الرئيسية في مكان آمن وعدم إعلام أي طرف ثالث غير مصرح له وأن يكون مسؤولاً عن الأمان والنزاهة والاسخدام المناسب المصرح به لخدمات بوبا العربية الالكترونية.
11. يلتزم مقدم الخدمة بإبلاغ بوبا العربية فوراً في حال حصول أو اكتشاف حادثة آمن سيبراني أو وجود أنشطة مشبوهة تتعلق بخدمات بوبا العربية الالكترونية أو أنظمة مقدم الخدمة التي تتواصل في أي وقت مع نظام بوبا العربية ويتحمل مقدم الخدمة مسؤولية العمليات التي تمت على حسابه

provider is responsible for the operations that were done on his account as a result and the financial and / or legal matters that follow.

12. The service provider is obliged to inform Bupa Arabia immediately in the event that the contact employee appointed by the service provider resigns or if his services are terminated so that Bupa Arabia cancels the main username and issues a new username and a new main password, and the service provider bears full responsibility for its negligence, deliberate misuse and what comes as a result of that be it financial and / or legal matters.
13. The service provider agrees and acknowledges that any process that takes place through electronic services for example - notices, adding or deleting services, or adjusting prices - is considered effectively to have been made fully by the service provider itself and it has no right to allocate or transfer blame and the burden of responsibility from itself to any employee exceeding his authority or for any other reason.
14. The service provider is obligated to establish a safe and appropriate archiving mechanism through which all documents related to the procedures of the insured or any additional documents required by Bupa Arabia be kept.
15. Bupa Arabia reserves the right, at its own discretion, to cancel the access of the service provider or any of its employees or agents to any electronic system affiliated to Bupa Arabia and to disable communications of the computer systems of the service provider to the Bupa Arabia systems. This procedure must be in addition to any right available to "Bupa Arabia" and based on this agreement or law nothing replaces it, and the service provider is not allowed under this agreement to be exempt from applying this procedure by any other obligation.
16. Bupa Arabia reserves the right to amend or change the terms and conditions for information security and protection as it deems necessary and in accordance with the

جراء ذلك وما يترتب عليها من أمور مالية و/أو قانونية.

12. يلتزم مقدم الخدمة بإبلاغ بوبا العربية فوراً في حال استقال موظف الاتصال المعين من قبل مقدم الخدمة أو في حال إنهاء خدماته ليتسع لبوبا العربية إلغاء اسم المستخدم الرئيسي - وإصدار اسم مستخدم جديد وكلمة مرور رئيسية جديدة، ويتحمل مقدم الخدمة المسؤلية الكاملة جراء اهماله أو اساءة استعماله المتعتمدة وما يترتب عليها من أمور مالية و/أو قانونية.

13. يوافق مقدم الخدمة ويقر أن أي عملية تتم من خلال الخدمات الإلكترونية على سبيل المثال - إشعارات، أو إضافة خدمات، أو حذفها، أو تعديل الأسعار - تعتبر نافذة تجاه ولا يحق له التمسك بتجاوز الموظف المسؤول لصلاحيته أو لاي سبب آخر.

14. يلتزم مقدم الخدمة بإنشاء آلية ارشفة آمنة ومتاسبة يتم من خلالها حفظ كل المستندات المتعلقة بإجراءات المؤمن لهم أو أي مستندات إضافية تطلبها بوبا العربية.

15. تحفظ شركة بوبا العربية بحقها، وفقاً لنقديرها الخاص، في إلغاء وصول مقدم الخدمة أو أي من موظفيه أو وكلائه إلى أي نظام الكتروني تابع لبوبا العربية وتعطيل اتصالات أنظمة الكمبيوتر الخاصة بمقدم الخدمة إلى أنظمة بوبا العربية. يجب أن يكون هذا الإجراء إضافة إلى أي حق متاح لـ "بوبا العربية" ولا يحل محله بموجب هذا العقد أو القانون، ويجب ألا يعفي مقدم الخدمة من أي التزام لتنفيذها بموجب هذه الوثيقة.

16. تحفظ بوبا العربية بحق تعديل أو تغيير الشروط والأحكام الخاصة بأمن وحماية المعلومات حسب ما تراه ضرورياً وطبقاً لقرارات وتعاميم مؤسسة



decisions and circulars of the Saudi Arabian Monetary Agency, the Cooperative Health Insurance Council and the National Cyber Security Authority without the need to refer to the service provider.

17. Without prejudice to Annex (7), all correspondence regarding the security and protection of information is to be carried out to the following e-mail:

- Bupa Arabia:
BACR@bupa.com.sa
Director of Information Security, Bupa Arabia Company
- Service Provider:
IT.Ryd@Sghgroup.net

18. Without prejudice to the provisions of the agreement or this supplement, Bupa Arabia has the right to immediately stop all electronic services and channels with the service provider in the following cases:

- A. When the service provider is not committed to the terms and conditions of information security and protection.
- B. Expiration, termination or suspension of the agreement.
- C. The presence or suspected existence of a cyber security incident.

النقد العربي السعودي ومجلس الضمان الصحي التعاوني والهيئة الوطنية للأمن السيبراني دون الحاجة للرجوع لمقدم الخدمة.

17. دون الإخلال بالملحق (7) جميع المراسلات الخاصة بـأمن وحماية المعلومات تتم على البريد الإلكتروني التالي:

▪ بوبا العربية:

BACR@bupa.com.sa

مدير أمن المعلومات بشركة بوبا العربية

▪ مقدم الخدمة:

IT.Ryd@Sghgroup.net

18. دون الإخلال بأحكام العقد أو هذا الملحق فإنه يحق لبوبا العربية إيقاف جميع الخدمات والقنوات الإلكترونية مع مقدم الخدمة فوراً في الحالات التالية:

أ. عدم التزام مقدم الخدمة بأحكام وشروط آمن وحماية المعلومات.

ب. انتهاء أو إنهاء أو إيقاف العقد.

ج. وجود أو الاشتباه بوجود حادثة آمن سيبراني.



Attachment 14: Price Protection and Stability

مُرْفَق ١٤: حِمَايَة وَاسْتِقْرَار الْأَسْعَار

1. **Price Protection Clause:**
- The Provider agrees that the prices agreed with Bupa Arabia for the services enlisted in the contractual pricelist shall always be lower than the cash prices or those agreed with any other company or organization with whom the Provider has a separate contractual agreement.
- أ. يوافق مقدم الخدمة على أن الأسعار المتفق عليها مع شركة بوبا العربية للخدمات المذكورة في الاتفاقية التعاقدية يجب أن تكون دائمًا أقل من الأسعار النقدية أو تلك المتفق عليها مع أي شركة أو منظمة أخرى يكون لمقدم الخدمة اتفاق تعاقدي منفصل معها.
- In the event that the Service Provider enters into a new contractual agreement with another company that offers more favourable pricing than the prices specified in this agreement, the Service Provider shall promptly inform Bupa Arabia in writing.
- ب. في حالة دخول مقدم الخدمة في اتفاق تعاقدي جديد مع شركة أخرى واتفاقاً على أسعار أكثر تفضيلاً من الأسعار المحددة في هذه الاتفاقية، يجب على مقدم الخدمة إبلاغ شركة بوبا العربية على الفور بذلك كتابياً.
- Upon discovering or notifying Bupa Arabia about such agreement, Bupa Arabia has the right to renegotiate the pricing terms of this agreement to ensure that the prices agreed with the Provider remain competitive and in line with the newly negotiated prices.
- ج. عند اكتشاف أو إعلام شركة بوبا العربية بمثل تلك الاتفاقيات، يكون لدى شركة بوبا العربية الحق في إعادة التفاوض في شروط التسعير المتعلقة بتلك الاتفاقيات لضمان بقاء الأسعار المتفق عليها منافسة وفقاً للأسعار المفتوحة حديثاً.
- Upon discovering or notifying Bupa Arabia about such agreement, Bupa Arabia is entitled under the terms of this Agreement to determine the percentage due to such agreement/price difference and deduct a similar percentage retrospectively for the previous (12) months accounts. This being the amount which the parties deem appropriate compensation for the damages suffered by Bupa Arabia as a result of the Provider's
- د. عند اكتشاف أو إعلام شركة بوبا العربية بمثل تلك الاتفاقيات يحق لبوبا العربية بموجب أحكام هذا العقد؛ اتخاذ الإجراءات وخصم المبالغ المالية المرتبطة على مثل تلك الاتفاقيات وتحديد النسبة المئوية التي يمثلها الأثر المادي المرتبط على تلك الاتفاقيات أي فروقات الأسعار من إجمالي الفواتير الشهرية موضوع البحث، وخصم نسبة مئوية مماثلة بتأثير رجعي من حسابات (12) شهر سابق. ويمثل هذا المبلغ ما يعتبره الطرفان تعويضاً ملائماً للأضرار التي تكبدها بوبا العربية، بالإضافة إلى أحقيبة بوبا العربية بالمطالبة بجميع



breach of Agreement, in addition to Bupa Arabia's right to claim all damages resulting from the service provider's breach of the agreement

الأضرار الناجمة عن انتهاك مقدم الخدمة للاتفاقية.

- e. The Provider agrees to provide Bupa Arabia with periodic reports or statements, upon request, to verify and confirm that the prices agreed with Bupa Arabia are in compliance with the price protection clause.
- هـ. كما يوافق مقدم الخدمة على تزويد شركة بوبا العربية بتقارير أو بيانات دورية، حسب الطلب، للتحقق والتأكد من أن الأسعار المتفق عليها مع شركة بوبا العربية متوافقة مع بند حماية الأسعار.

2. Price Stability, Inflation Control, and Protective Measures:

- a. No price increase shall be applied for the subsequent contract years upon automatic contract renewal unless both parties mutually agreed otherwise officially.
- b. The service provider shall continue providing services at the same pricelist rates and related discounts as those applied during the last year of the previous contract.
- c. This clause ensures price stability and prohibits any adjustment in service charges during the renewed contract term.

2. بند استقرار الأسعار:

أ. يُحظر أي زيادة في الأسعار في السنوات التالية لتجديد العقد تلقائياً ما لم يتم الاتفاق على غير ذلك كتابياً بين الطرفين.

بـ. يجب على مقدم الخدمة الاستمرار في تقديم الخدمات بنفس قائمة الأسعار وما فيها من خصومات المطبقة خلال السنة الأخيرة من العقد السابق.

جـ. يهدف هذا البند لضمان استقرار الأسعار ومنع أي تعديل يسهم في ارتفاع رسوم الخدمة خلال فترة العقد المجدد.



3. Inflation Control Commitment:

- a. Both parties recognize the importance of maintaining good control over costs and prices to effectively manage inflation.
- b. Both Bupa Arabia Company and the provider agree to exercise reasonable efforts to control their respective costs and avoid any unjustified price increases.
- c. This commitment aims to ensure long-term stability, protect against inflationary pressures, and foster a mutually beneficial business relationship based on fair and sustainable pricing practices.

3. التزام مراقبة التضخم:

- أ. يعترف الطرفان بأهمية الحفاظ على مراقبة التكاليف والأسعار لإدارة التضخم بشكل فعال.
- ب. يتفق كلُّ من شركة بوبا العربية ومقدم الخدمة على بذل كافة الجهود للسيطرة على تكاليفهما الخاصة وتجنب أي زيادة في الأسعار غير المبررة.
- ج. يهدف هذا الالتزام إلى ضمان الاستقرار على المدى الطويل والحماية من ضغوط التضخم وتعزيز علاقة تجارية مربحة تستند إلى ممارسات تسعير عادلة ومستدامة.

4. Protective Measures:

- a. Bupa Arabia Company reserves the right to take necessary commercial actions to control inflation and mitigate its impact on service costs.
- b. These measures may include, but are not limited to, renegotiating terms, adjusting pricing structures, or implementing cost-efficiency initiatives.
- c. Bupa Arabia Company will communicate and discuss such measures with the service provider in a timely manner, ensuring transparency and collaboration.

4. تدابير الحماية:

- أ. تحفظ شركة بوبا العربية بالحق في اتخاذ التدابير التجارية الضرورية للسيطرة على التضخم والحد من تأثيره على تكاليف الخدمة.
- ب. قد تشمل هذه التدابير، دون إقصاء، إعادة التفاوض على الشروط، وضبط هيكل التسعير، أو تنفيذ مبادرات كفاءة التكاليف.
- ج. ستواصل شركة بوبا العربية وتناقش هذه التدابير مع مقدم الخدمة في الوقت المناسب، مع ضمان الشفافية والتعاون.



Service Level Agreement (SLA)

Medication Codes

Bupa Arabia is striving to facilitate the billing process, claims adjudication and payments through the implementation of standard and unified billing (service) codes.

As Medications represent a significant amount of the claims, invalid service codes and statements' disputes, and SFDA registration numbers and MOH published prices of medication are the only feasible codes and prices that can be used as standard and unified billing codes & prices across the kingdom.

Bupa and the provider have mutually agreed on the following terms and conditions:

1. This service level agreement is an integral part of the signed provider's memorandum of agreement (contract).
2. Both parties agree that the SFDA registration numbers and the MOH published prices are the basic service codes and prices that will be exclusively used for billing purposes of medications.
3. Both parties agree that the SFDA list of medications will be the solely used codes and prices for billing purposes of Medications (invoices and E.claims data) and any other codes, descriptions or prices will not be accepted by Bupa.
4. The provider is committed to notify Bupa, officially, for any additions, modifications or deletions of any medicinal item using the SFDA registration numbers as service codes for mutual agreement before its use for billing to Bupa.
5. The provider is committed to provide accurate quantity of packs/Units in both the invoices and E-claims data to avoid undue rejection.
6. In case of change of official price of a certain medication by MOH, the prices acceptable by Bupa will be those printed on the medicine box/container or 60 days grace period from the SFDA's effective date of the New Price will be allowed in order to clear current stock after which Bupa will automatically apply the new prices.



Service Level Agreement (SLA)

Electronic Claims (E-Claims) Data as Excel

Bupa Arabia is striving to enhance the billing, claims adjudication and payment processes through the implementation of standard electronic claims data in Excel format.

As we are now in the era of technological advancement and to take advantage of the electronic solutions available, the E-Claims data in Excel is becoming integral part of claiming process across the healthcare network providers and insurance companies in KSA.

Bupa and the provider have mutually agreed on the following terms and conditions:

1. This service level agreement is an integral part of the signed provider's memorandum of agreement (contract).
2. Both parties agree that the E-Claims data in Excel format will be part of the regular billing requirements, on top of the paper-based claims (with invoices, claim form, investigation results, etc.) and general summary statement (GSS). Refer to Bupa Arabia E-Claims Data Template.
3. The provider is committed to provide Bupa Arabia accurate data and the financial details total will be matching with the general summary statement (GSS).
4. The provider is committed not sent the data on CD or USB where Bupa security system prevents the verification of its content .
5. The provider is committed to upload the E-Claims data thru an FTP link (link to be provided by Bupa Arabia upon request thru email to : CCU@bupa.com.sa) on or before submitting the physical claims.
6. Bupa Arabia will notify the provider in case of missing E-Claims data during receipt of physical claims and in case of non-compliance within 14 working days from date of receipt, Bupa Arabia reserve the right to return the claims to the provider.
7. In case of any change in claims submission protocol, going to the next level of purely electronic claims, the provider will be notified by Bupa Arabia and this SLA will be nullified.



Service Level Agreement (SLA)

Performance-Based Risk -Sharing Arrangements

1. Both parties express their commitment to provide cost effective quality services through internationally applied models like PHC* and other measures to ensure best outcome and quality of care while maintaining reasonable Outpatient risk cost up to (680 SR) *, Which will be monitored by parameters of the quality, outcome, and applicable Bupa Arabia measures.
2. Both parties agreed to apply an additional settlement discount to ensure that the RC* will not exceed the range mentioned above and this percentage will vary based on the utilization parameters applied by Bupa Arabia methodology.
3. Periodically, both parties will meet and discuss the reasons of not achieving the targeted numbers (if any) and the utilization parameters including the Risk cost management.
4. In line of this agreement, the provider pledges not to refer any medications prescriptions to other provider unless there is a proven shortage of specific medication and if Bupa Arabia notice a trend in medications dispensing referrals, it will be considered as a breaching of this memorandum and actions will be taken in accordance with the current contractual agreement.

*RC= Risk cost (the cost of all ambulatory care services included)

*Risk Cost = total group Net billing (excluding VAT & deductible) / Number of unique patients (Number of unique Bupa ID or unique Patient's files numbers)

*Volume discount & Prompt payment discount shall not be part of the calculations of RC.

*Ambulatory care is medical care provided on an outpatient basis. Include diagnosis, observation, consultation, investigation, treatment, interventions, and rehabilitations services.

*In case of any discrepancy regarding the numbers of Net billing and Unique Patients, Bupa Arabia's numbers shall prevail.

*PHC: Primary Health Care.

Example:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Net Billing (SR)	4.3M	4.2M	3.9M	4.2M	4.3M	4.3M	4.2M	4.2M	4.3M	4M	4.1M	4.5M	50.8M
Monthly Unique Bupa IDs	6.0K	6.1K	5.9K	5.8K	5.9K	5.8K	6.3K	6.0K	5.9K	6.3K	6.2K	6.1K	73.6K
RC (SR)	716	688	661	630	724	728	724	700	728	634	661	737	688

*Additional settlement discount = {(Total Yearly Net Billing / Total Monthly Unique Bupa IDs) – 680} x Total Monthly Unique Bupa IDs

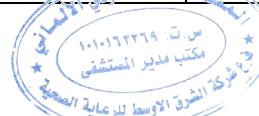
* Additional settlement discount in above example = (688-680) x 73.6K = 8 x 73.6K = 588.8K SR



Bupa Arabia E-Claims Data in Excel Template

Claim Count	Bupa Membership No.	Patient File No.	Customer / Company Name	Patient Name	Invoice No.	Invoice Date	Preadm ID	Doctor Name	Specialty	Clinical Data	ICD10	Claim Type	Referral Indicator
1	3339850	12345	Company 1	Abdullah Mohammed	123456	15072019	40123456	Nisreen Ahmed	Internal Medicine		E11.9	O	N
1	3339850	12345	Company 1	Abdullah Mohammed	123457	15072019	40123456	Nisreen Ahmed	Internal Medicine		E11.9	O	N
1	3339850	12345	Company 1	Abdullah Mohammed	123458	15072019	40123456	Nisreen Ahmed	Internal Medicine		E11.9	O	N
2	3339850	12345	Company 1	Abdullah Mohammed	234567	20072019		Khaled Mohammed	GP		J06.9	O	N
2	3339850	12345	Company 1	Abdullah Mohammed	234568	20072019		Khaled Mohammed	GP		J06.9	O	N
2	3339850	12345	Company 1	Abdullah Mohammed	234569	20072019		Khaled Mohammed	GP		J06.9	O	N
3	3456789	23456	Company 2	Manal Ahmed	123789	25072019	40123457	Shaker Mohammed	Dental		K02	O	N
3	3456789	23456	Company 2	Manal Ahmed	123789	25072019	40123457	Shaker Mohammed	Dental		K02	O	N
3	3456789	23456	Company 2	Manal Ahmed	123789	25072019	40123457	Shaker Mohammed	Dental		K02	O	N
4	4567890	34567	Company 3	Kassem Kamal	345678	31072019		Ahmed Abdullah	Ophthalmology		H00	O	N
5	5123456	45678	Company 4	Maria Santos	124567	15072019	40125679	Omar Ahmed	Orthopedic		M54.9	O	N
5	5123456	45678	Company 4	Maria Santos	126789	15072019	40125679	Omar Ahmed	Orthopedic		M54.9	O	N
5	5123456	45678	Company 4	Maria Santos	126789	15072019	40125679	Omar Ahmed	Orthopedic		M54.9	O	N
5	5123456	45678	Company 4	Maria Santos	234985	15072019	40125679	Omar Ahmed	Orthopedic		M54.9	O	N
5	5123456	45678	Company 4	Maria Santos	234985	15072019	40125679	Omar Ahmed	Orthopedic		M54.9	O	N

Emergency Indicator	Tooth No.	Service Code	Service Description	Treatment Date From	Treatment Date To	Quantity	Gross Amount	Discount Amount	Deductible Amount	VAT Amount	(Left) Eye Test Reading	(Right) Eye Test Reading
N		12345	Consultation	15072019	15072019	1	100.00	20.00	16.00	3.20		
N		45678	FBS	15072019	15072019	1	50.00	10.00	8.00	1.60		
N		4-331-00	Glucophage 850mg Tab 60	15072019	15072019	1	26.55	2.66	4.78	0.96		
N		12345	Consultation	20072019	20072019	1	100.00	20.00	16.00	3.20		
N		5-288-99	Panadol 500mg F.C. Tab 24	20072019	20072019	1	5.05	0.51	0.91	0.18		
N		150-212-03	Klavox 1g Tab 14	20072019	20072019	1	70.65	7.07	12.72	2.54		
N		12346	Consultation	25072019	25072019	1	100.00	20.00	16.00	3.20		
N		67890	Panoramic X-Ray	25072019	25072019	1	100.00	-	20.00	4.00		
N	46	67891	Surgical Extraction	25072019	25072019	1	200.00	-	40.00	8.00		
N		12347	Consultation	31072019	31072019	1	100.00	20.00	16.00	3.20		
N		12349	Consultation	15072019	15072019	1	100.00	20.00	16.00	3.20		
N		261-11-13	Voltaren Emulgel 1% Gel 100g	15072019	15072019	1	26.00	2.60	4.68	0.94		
N		15-138-81	Brufen 400mg Tab 25	15072019	15072019	1	15.40	1.54	2.77	0.55		
N		76854	Uric Acid	15072019	15072019	1	100.00	20.00	16.00	3.20		
N		89762	MRI	15072019	15072019	1	1,000.00	200.00	60.55	36.97		



E-Claims Data Set

No.	Field Name	Description	Field Type	Mandatory (M) Optional (O)	Remarks
1	Claim Count	1 claim count is equal to a claim episode	Numeric	M	
2	Bupa Membership No.	Bupa membership no. as shown in the card	Numeric	M	
3	Patient File No.	Unique medical record no. of member in the hospital/clinic	String	M	
4	Customer / Company Name	Bupa customer name as shown in the card	String	M	
5	Patient Name	Bupa member name	String	M	
6	Invoice No.	Invoice number	String	M	
7	Invoice Date	Invoice date	Date	M	
8	Preatuth ID	Approval ID from pre-auth response in Bupa Online Service	Numeric	O	Mandatory for dental, optical and all pre-authorized services
9	Doctor Name	Name of the treating physician	String	M	Not required for optical provider
10	Specialty	Specialty of the treating physician	String	M	Not required for optical provider
11	Clinical Data	Chief complains, significant signs, symptoms	String	O	Not required for optical provider
12	ICD10	ICD 10 AM 6th Edition as per CCHI	String	M	
13	Claim Type	Either out-patient or in-patient	String	M	
14	Referral Indicator	Default value in "N", and "Y" if a claim is referral	String	M	
15	Emergency Indicator	Default value in "N", if claim is referral, emergency indicator should be "Y" as well.	String	M	
16	Tooth No.	FDI tooth numbering system	Numeric	O	Mandatory for dental services that require tooth number only.
17	Service Code	Agreed service codes with Bupa	String	M	
18	Service Description	Service description should match with the service codes as agreed with Bupa	String	M	
19	Treatment Date From	Actual date of the service or treatment date	Date	M	
20	Treatment Date To	Actual date of the service or treatment date	Date	M	
21	Quantity	Service quantity.. For medication, 1 is equal to a box, a bottle, a tube, etc., not the no.	Numeric	M	
22	Gross Amount	Agreed service fee with Bupa	Numeric	M	
23	Discount Amount	Agreed discount amount with Bupa	Numeric	M	
24	Deductible Amount	Member deductible amount as per policy	Numeric	M	
25	VAT Amount	VAT amount on taxable services	Numeric	M	
26	(Left) Eye Test Reading	Eye test prescription (Refer to the mapping table for the expected value)	String	O	Mandatory for optical services only e.g. lenses, frame, contact lenses
27	(Right) Eye Test Reading	Eye test prescription (Refer to the mapping table for the expected value)	String	O	Mandatory for optical services only e.g. lenses, frame, contact lenses

For Optical Provider

Example no. 1			
Eye Test Reading	Highest Actual Value	Ceiling	Expected Value with the Eclaims Data
Right Eye Test Value	-1.25	-/+ 2 & below	ET2
Left Eye Test Value	-2.00	-/+ 2 & below	ET2
Example no. 2			
Eye Test Reading	Highest Actual Value	Ceiling	Expected Value with the Eclaims Data
Right Eye Test Value	+2.50	-/+ 3 & below	ET3
Left Eye Test Value	+3.50	-/+ 4 & below	ET4
Example no. 3			
Eye Test Reading	Highest Actual Value	Ceiling	Expected Value with the Eclaims Data
Right Eye Test Value	-1	-/+ 1 & below	ET1
Left Eye Test Value	-0.75	-/+ 1 & below	ET1



General Terms and Conditions of Package Deal Agreement

The following terms and conditions are part of the package deal agreement:

General Rules:

1. There must be BUPA preauthorization for any admission, operation and/or procedure included under this package deal.
2. Whenever more than one operation/ procedure are performed in the same session, the payable amount for second procedure other than the major one will be 50% and the third procedure onwards 25% of the agreed net price.
3. Procedure performed by external/visiting doctor who is approved to be paid separately will be settled on the basis that 70% of the agreed PD net price shall be payable to the hospital.
4. The hospital must obtain BUPA preauthorization for any cost exceeding the listed prices, including the cost of P/D exclusions. In emergency conditions, the provider shall proceed with the necessary treatment, the preauthorization request must be sent to BUPA within 24 hours.
5. Both parties do not expect any malpractice; however, BUPA has the right to protect its clients and take the necessary actions, including holding/denial of payments, whenever malpractice is suspected till finalization of the subject case in accordance with contractual agreements, acceptable medical practice, ethics, CCHI regulations and KSA law.

The Package Deal prices cover the following:

1. Pre operative investigations and procedures related to the anesthesia and /or the indented operation. e.g Pre Operative Test
2. All inpatient medications recommended by the attending physician.
3. Room & board and nursing care as long as medically needed.
4. Anesthesia, Medical /surgical supplies and disposables.
5. Operation theatre, Surgeon, Professional and anesthesia fees.
6. Recovery/ resuscitation room & services.
7. Prostheses and implants, unless it is mentioned in the description of the specific procedure of the PD list as excluded (without implant/prostheses) and payable as extra P/D.



8. The management/hazards of malpractice or complications that are not normally expected and would be related and/or precipitated/predisposed by the performance and/or delay of the surgery and/or medical management.
9. Free follow-up visit within 14 post- operative days.

The Package Deal prices may not cover the following:

(Need Bupa preauthorization and subject to the corporate discount and contractual terms & agreements)

1. Take home medicines.(no need for preauthorization if the cost is below SR 1000)
2. Blood, plasma, plasma substitute and blood components, unless if it is included in the P/D price or related to non payable complication.
3. Implants/ prosthesis, mentioned as excluded (without implant) in the description of the specific procedure on the PD list.
4. Maintenance of Chronic Diseases, if any. Such conditions should be monitored and stabilized before admission, on an OPD basis.
5. MRI, CT and Chromosomal Studies.
6. Personal & comfort expenses e.g. extra food, telephone bills...etc.



Pricelist



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
CRCA010752	ALI ABDELWAHAB ALI ELSHARKAWI	CO	0%	100.00	125.00	150.00
CRCA011033	ADEL MAZEN	CO	0%	100.00	125.00	150.00
CRCA030697	AMAL TALAAT ABDELHAMID	CO	0%	100.00	125.00	150.00
CRCA030756	RAMY RASHED MOHAMED	CO	0%	100.00	125.00	150.00
CRCA030785	HANI NABIL SHEBLY	CO	0%	100.00	125.00	150.00
CRCA030800	ADEL ABDELGAWAD ABDELAZIM	CO	0%	100.00	125.00	150.00
CRCA030948	TAREK ABDELWADoud HAMED BKR	CO	0%	100.00	125.00	150.00
CRCA030990	ABDELKAREEM HAMED ABDELKAREEM HUSSIEN	CO	0%	100.00	125.00	150.00
CSCS010897	MAHMOUD KHAIRY ABDELATEEF EL HAISH	CO	0%	100.00	125.00	150.00
CSCS011024	TAREK AHMED ABDELMAQSoud NOSSEIR	CO	0%	100.00	125.00	150.00
CSCS030672	AMROSALEMABDELREHIM	CO	0%	100.00	125.00	150.00
DMDL030555	KHALED SOUD MASoud	CO	0%	100.00	125.00	150.00
DMDL030570	MARWA EL SAYED AHMED EL GENDY	CO	0%	100.00	125.00	150.00
DMDL030659	MOHAMED ABOULSEOUD ELSAID	CO	0%	100.00	125.00	150.00
DMDL030965	REIHAM WAHEID KHAMSAN	CO	0%	100.00	125.00	150.00
DMDL080950	REHAM WAHEED	CO	0%	100.00	125.00	150.00
DMMX010865	HADY MOHAMMED ABDEL GALIL	CO	0%	100.00	125.00	150.00
DRDE010719	AHMED MOHAMED ELTAHERY	CO	0%	100.00	125.00	150.00
DRDE010993	MOUSTAFA AHMED ELSAIED HUSSEIN	CO	0%	100.00	125.00	150.00
DRDE040439	LAMIA HASSAN MOHAMMED	CO	0%	100.00	125.00	150.00
EDCA090777	FAHAD MUBARAK AL HABSHAN	CO	0%	100.00	125.00	150.00
EDCA100061	IBRAHIM WASFY GAMAL	CO	0%	100.00	125.00	150.00
EDCR091116	SAMI RASHED ABDULLAH	CO	0%	100.00	125.00	150.00
EDDM070731	MAX PETER	CO	0%	100.00	125.00	150.00
EDDM100702	HAMMAM KHWAGAH	CO	0%	100.00	125.00	150.00
EDEN070867	ROBERT DENNERLEIN	CO	0%	100.00	125.00	150.00
EDIM090591	MOHAMMED EL NASSER	CO	0%	100.00	125.00	150.00
EDNE090267	AHMED ANDIJANI	CO	0%	100.00	125.00	150.00
EDNE090449	NONAKA IKUYA	CO	0%	100.00	125.00	150.00
EDNR090817	HELMUTH STEINMETZ	CO	0%	100.00	125.00	150.00
EDNS020899	JORN ANDRE HORACZEK	CO	0%	100.00	125.00	150.00
EDOP090675	GUIDO ALEXANDER WAHLER	CO	0%	100.00	125.00	150.00
EDOP090816	ARMIN SKUGINNA	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
EDOP090975	GERARD BOLLINI	CO	0%	100.00	125.00	150.00
EDOR090450	MARTINI ABDULKHADER	CO	0%	100.00	125.00	150.00
EDPA091017	ALI ABDU NASIR	CO	0%	100.00	125.00	150.00
EDPA091053	AYED MOHAMMED AL ENAZI	CO	0%	100.00	125.00	150.00
EDPA101018	SAMER JAKMOUR	CO	0%	100.00	125.00	150.00
EDPC090801	DR. MOHAMMED HUSSEIN ALGHAMDI	CO	0%	100.00	125.00	150.00
EDPE090460	SAEED ALI ALGHWERY	CO	0%	100.00	125.00	150.00
EDPE090964	YASEN FAYEZ ALLAYET	CO	0%	100.00	125.00	150.00
EDPL090804	ADNAN GELIDAN	CO	0%	100.00	125.00	150.00
EDUR091128	IBRAHIM ALABDULAALI	CO	0%	100.00	125.00	150.00
EDXR010605	CONSULTATION - EDXR010605	CO	0%	100.00	125.00	150.00
ERER010934	SHERIF MOHAMED KAMEL	CO	0%	100.00	125.00	150.00
ERER030983	MOHAMMED ALI KHALIL ALI	CO	0%	100.00	125.00	150.00
ERER050835	AHMED AZZAM	CO	0%	100.00	125.00	150.00
ERER060609	KASHIF AHMED BUTT	CO	0%	100.00	125.00	150.00
ERER060742	TAHA ABDULQADER SALEH	CO	0%	100.00	125.00	150.00
ERER060769	MAHMOUD BABIKIR ELTAYEB	CO	0%	100.00	125.00	150.00
ERER080880	SID AHMED HASSAN MOHAMED	CO	0%	100.00	125.00	150.00
ERER080947	MAGDY ELSAYED AHMED	CO	0%	100.00	125.00	150.00
ERER080986	AL GHAZALI MOHAMED AL MUKHTAR	CO	0%	100.00	125.00	150.00
ERER080994	MOHAMED KAMAL AWAD BAKHEET	CO	0%	100.00	125.00	150.00
ERER080997	AHMED OMER ADAM	CO	0%	100.00	125.00	150.00
ERER081015	RANYA ABDELKARIM ABDELGALIL MOHAMED	CO	0%	100.00	125.00	150.00
ERER081023	AHMED HASSAN MOHAMMED ZAIN ASAD	CO	0%	100.00	125.00	150.00
ERER081049	NOSHEEN MUSTAFA	CO	0%	100.00	125.00	150.00
ETAU030903	AYA MOHAMED ATTIA NOSSIER	CO	0%	100.00	125.00	150.00
ETEN010001	TAREK ALY HELAL	CO	0%	100.00	125.00	150.00
ETEN010629	KHALED ABD EL BAREY ELSAYED	CO	0%	100.00	125.00	150.00
ETEN030786	ABDELRAHMAN ATTEF WAHBA	CO	0%	100.00	125.00	150.00
FMERD-0001	ER CONSULTATION	CO	0%	100.00	125.00	150.00
IMEN010982	BAASIM ATIYAH GABALLAH ATTA	CO	0%	100.00	125.00	150.00
IMIM010634	HOSSAM ELDIN MOHAMED ABDEL RAHMAN	CO	0%	100.00	125.00	150.00
IMIM010718	EMAD TURKY	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
IMIM010966	MEDHAT ABD ELSAMAD SAKRANA	CO	0%	100.00	125.00	150.00
IMIM010971	GOLSHAN KADRY HAMED ARAFAT	CO	0%	100.00	125.00	150.00
IMIM010981	MOHAMED ELSAYED MOHAMED EISSL SELIM	CO	0%	100.00	125.00	150.00
IMIM030676	AZHAR ALAM KHAN	CO	0%	100.00	125.00	150.00
IMIM031009	ABUBAKR ABDELRAHMAN HASSAN	CO	0%	100.00	125.00	150.00
IMIM040490	MAMDOUH ABDEL RAHEEM	CO	0%	100.00	125.00	150.00
IMIM050523	MARYAM ZAFAR	CO	0%	100.00	125.00	150.00
IMIM050788	MOHAMMED HASSAN	CO	0%	100.00	125.00	150.00
IMIM060856	MUSTAFA MOHAMED OSMAN	CO	0%	100.00	125.00	150.00
IMIM080884	MOHAMED ALI KHALIL	CO	0%	100.00	125.00	150.00
IMIM080957	ABU BAKR ABDEL RAHAMAN HASSAN	CO	0%	100.00	125.00	150.00
IMIM080991	MUTAMIN ABDALLA EL BASHIR	CO	0%	100.00	125.00	150.00
IMNP010732	AHMAD NASR ALGHITANY	CO	0%	100.00	125.00	150.00
IMNP030569	HISHAM MOHAMED KAMEL	CO	0%	100.00	125.00	150.00
IMNP031091	AHMED MOHAMED ABDELHAMID ELSHARKAWY	CO	0%	100.00	125.00	150.00
IMPU010640	HALA MOHAMED SHALABI SAMAHY	CO	0%	100.00	125.00	150.00
NENE010308	MAHMOUD MOHAMMAD SABRY	CO	0%	100.00	125.00	150.00
NENR030661	AHMED ABDULHAMID MOHAMED	CO	0%	100.00	125.00	150.00
NENR030844	EHAB AHMED MOHAMED	CO	0%	100.00	125.00	150.00
NENR030963	MOHAMMED YOSRI EZZ ELDIN MAHMOUD	CO	0%	100.00	125.00	150.00
NENR030974	EBRAHEM MOHAMMED SHABANA	CO	0%	100.00	125.00	150.00
NENR030980	MOHAMED RAGAB ALI MOHAMED ABDOU	CO	0%	100.00	125.00	150.00
NUNS010674	MOHAMMED ADEL YEHIA	CO	0%	100.00	125.00	150.00
NUNS010787	SHADY ABDELAZIZ MOHAMED	CO	0%	100.00	125.00	150.00
NUNS030671	AHMED MOHAMED NABIL	CO	0%	100.00	125.00	150.00
OGDR010763	MOHAMED LOTFY EL SAYED	CO	0%	100.00	125.00	150.00
OGDR030768	AZZA AHMED HASSAN	CO	0%	100.00	125.00	150.00
OGOB011124	NABATA ABDULLAHI AHMED	CO	0%	100.00	125.00	150.00
OGOB016113	NASRAT MOHAMED ABDELBKI YOUSSEF	CO	0%	100.00	125.00	150.00
OGOB030690	SHAHENAZ BEREES	CO	0%	100.00	125.00	150.00
OGOB030705	BASSMA MOHAMED IBRAHIM	CO	0%	100.00	125.00	150.00
OGOB030724	SOHIR ALI MOHAMED	CO	0%	100.00	125.00	150.00
OGOB030839	FATIMA MOHAMMED HGSNY	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
OGOB030962	NEDAL ABDELMAGEED MOHAMED	CO	0%	100.00	125.00	150.00
OGOB030967	DINA ELSAYED ABDELHAFEZ	CO	0%	100.00	125.00	150.00
OGOB040420	IMAN MOHD MAHMOUD SHARARA	CO	0%	100.00	125.00	150.00
OGOB040441	FATEN KHAIR ALLA	CO	0%	100.00	125.00	150.00
OGOB050214	GEHAN MAHMOUD EL AIDI	CO	0%	100.00	125.00	150.00
OGOB080940	DINA ABDEL HEFEZ	CO	0%	100.00	125.00	150.00
ONON010578	WALEED HAMMAM ABD MANAF MOSA	CO	0%	100.00	125.00	150.00
ONON010600	MOHAMED EL SHERBINI AHMED	CO	0%	100.00	125.00	150.00
OPOT010608	MOHAMMAD IDREES	CO	0%	100.00	125.00	150.00
OPOT030765	EMAN SAID ZAID	CO	0%	100.00	125.00	150.00
OPOT031003	RANIA IBRAHIM ABOELELA	CO	0%	100.00	125.00	150.00
OROP011088	AHMED FAHEEM OTHMAN SALEM	CO	0%	100.00	125.00	150.00
OROP030628	MOHAMED SAMY ELHADIDY	CO	0%	100.00	125.00	150.00
OROP030649	MARWAN MOSTAFA MOHAMED	CO	0%	100.00	125.00	150.00
OROP030989	MOHAMED ABDALLA MOHAMED ISSA	CO	0%	100.00	125.00	150.00
OROP031019	MAGED ABDELHALEM KHALIL ALBANOUBY	CO	0%	100.00	125.00	150.00
OROP031047	MOHAMED ABDELLATIF	CO	0%	100.00	125.00	150.00
OROP031050	MOHAMED BADAWI ELFEDI	CO	0%	100.00	125.00	150.00
OROP031055	EHAB MOHAMED MOUNIR MAHGOUB	CO	0%	100.00	125.00	150.00
OROP036114	SAAD IBRAHIM MOHAMMED	CO	0%	100.00	125.00	150.00
OROP036134	MOHAMMAD METWALY ABDELSALAM	CO	0%	100.00	125.00	150.00
OROP040419	MOHAMMED FAWZI MOHD EMAM SHAABAN	CO	0%	100.00	125.00	150.00
PANE081093	MOHAMED BAKR AMIN BAKR	CO	0%	100.00	125.00	150.00
PAPE010695	NABIL BASSUONI SHEHATA	CO	0%	100.00	125.00	150.00
PAPE010857	MOHAMED AHMED DIAB	CO	0%	100.00	125.00	150.00
PAPE010930	HEBATALLAH MOHAMED HELMY MOSTAFA	CO	0%	100.00	125.00	150.00
PAPE010932	HUDA MAHMOUD AMIN	CO	0%	100.00	125.00	150.00
PAPE010946	MOSTAFA ELSAYED MOHAMED	CO	0%	100.00	125.00	150.00
PAPE030736	DENA MOHAMMED NAGUIB	CO	0%	100.00	125.00	150.00
PAPE030749	MANAL SAID AHMED	CO	0%	100.00	125.00	150.00
PAPE030753	NAMRA KHALED	CO	0%	100.00	125.00	150.00
PAPE030758	MONA OMAR ABDULQAYYUM	CO	0%	100.00	125.00	150.00
PAPE030833	NESRINE AHMED AHMED	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
PAPE030854	MARWA ELSAYED ELGOARANY	CO	0%	100.00	125.00	150.00
PAPE030859	EMAN MOHAMED GHIETH	CO	0%	100.00	125.00	150.00
PAPE030919	MOHAMED ELSAID RASHED ELFEEKY	CO	0%	100.00	125.00	150.00
PAPE031016	ALYAA ALY FATHY MOSTAFA	CO	0%	100.00	125.00	150.00
PAPE031028	ALAA MOHAMMED AHMED ABDELRAZIK	CO	0%	100.00	125.00	150.00
PAPE031121	YASSER ADEL ELSAID ALI MORSE	CO	0%	100.00	125.00	150.00
PAPE031127	HANAN REDA ABDELSALAM ABDEL DAYEM	CO	0%	100.00	125.00	150.00
PAPE080998	MERVAT TALAAT ZAKARIA	CO	0%	100.00	125.00	150.00
PDPE040004	KHALED MOHAMED ABDELAZIZ ELBANNA	CO	0%	100.00	125.00	150.00
PSPY010142	MOSTAFA KAMEL OMAR	CO	0%	100.00	125.00	150.00
PYPY030717	SAFAA HASSAN MOHAMED	CO	0%	100.00	125.00	150.00
RRRH010500	KHALED FATHY EL HASSANAIN	CO	0%	100.00	125.00	150.00
RRRH010617	SAFAA SAYED ABD ELRASOL	CO	0%	100.00	125.00	150.00
SRGS010699	IBRAHIM ABDELKADER SALAMA	CO	0%	100.00	125.00	150.00
SRGS010703	HANY AHMED TAHA	CO	0%	100.00	125.00	150.00
SRGS011109	BASSEM MOHAMED SIEDA	CO	0%	100.00	125.00	150.00
SRGS030985	MOHAMED HAMDI ABDELAAL SAYED AHMED	CO	0%	100.00	125.00	150.00
SRGS031031	MOHAMMED YASEEN RAMADAN RAGAB	CO	0%	100.00	125.00	150.00
SRGS040543	ESSAM FARID ZAKI	CO	0%	100.00	125.00	150.00
SRGS040830	OSAMA OSMAN YOUSIF AHMED	CO	0%	100.00	125.00	150.00
SRPL010755	ABDELAZIZ HANAFY	CO	0%	100.00	125.00	150.00
SRPL030885	AHMED ABDELMOEZ AHMED	CO	0%	100.00	125.00	150.00
SRSR010895	NADER MOHAMED KOTB ABDU	CO	0%	100.00	125.00	150.00
SRSR030888	MOHAMEDABDELFATTAH ELSAYED HAMMAD	CO	0%	100.00	125.00	150.00
SRSR030913	ABDELAZIZ MABROUK MOHAMED KHIMAR	CO	0%	100.00	125.00	150.00
URGU010721	BASHEER NAGY ELMOHAMADY	CO	0%	100.00	125.00	150.00
URGU030751	ABDULWAHAB E ALHAMS	CO	0%	100.00	125.00	150.00
URGU030999	YASSER RAMADAN MOHAMED ADEEN	CO	0%	100.00	125.00	150.00
URGU080996	YASSER RAMADAN MOHAMED ADEEN .	CO	0%	100.00	125.00	150.00
URUR010875	ASHRAF HUSSIEN ABDEL LATIF ALI	CO	0%	100.00	125.00	150.00
URUR011090	AHMED SAID HUSSEIN MOHAMED	CO	0%	100.00	125.00	150.00
VSSR010376	MOHAMMED MOHAMMED TAWFIK	CO	0%	100.00	125.00	150.00
OGOB031152	DOAA SALAHELDIN HAMZA ELSAYED..	CO	0%	100.00	125.00	150.00



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OGOB081105	NEBATA ABDULLAHI AHMED	CO	0%	100.00	125.00	150.00
OGOB081106	MARWA AHMED ABOUELSOUD EMARA	CO	0%	100.00	125.00	150.00
ONON011086	MOHAMMED GHAREEB MAHMOUD SALEM	CO	0%	100.00	125.00	150.00
OPOT011115	HANI MOHAMMED GHARIEB IBRAHIM	CO	0%	100.00	125.00	150.00
OROP010847	HAZEM FARID ABDELSADEK	CO	0%	100.00	125.00	150.00
OROP031057	ALI SOBHY MOHAMMED ALI ELSHATLAWY	CO	0%	100.00	125.00	150.00
ANAN011137	HOSSAMELDIN MOHAMED MOUSTAFA HELIKA	CO	0%	100.00	125.00	150.00
CSCS031085	AHMED ABDELAZIZ AHMED MOHAMMED	CO	0%	100.00	125.00	150.00
EDNE091138	WALEED SALEH ALMANGOUR	CO	0%	100.00	125.00	150.00
EDOR091161	IBRAHIM AHMED SINNY ASSIRI	CO	0%	100.00	125.00	150.00
EDSR091171	NAIF ABDULLAH ALENAZI	CO	0%	100.00	125.00	150.00
IMIM031078	AHMED FOUAD ANWAR ISMAIL	CO	0%	100.00	125.00	150.00
IMIM031112	AHMED FAYSAL ELRAWY REFAIE	CO	0%	100.00	125.00	150.00
PAPE011159	MOHAMED AHMED ABDELHADY HASSAN	CO	0%	100.00	125.00	150.00
PAPI031072	YASMINE TAHA MAHGOUB AHMED	CO	0%	100.00	125.00	150.00
PAPI031076	MONA IBRAHIM MOHAMED IBRAHIM	CO	0%	100.00	125.00	150.00
SRGS011133	HESHAM MAGED HASAN ABDELAAL	CO	0%	100.00	125.00	150.00
SRGS031122	AHMED MOHAMED ABDELFATAH	CO	0%	100.00	125.00	150.00
URUR011136	ABDULAZIZ ALI EMARA MOSTAFA EMARA	CO	0%	100.00	125.00	150.00
URUR011165	HESHAM MOHAMED FATHY DARWISH	CO	0%	100.00	125.00	150.00
URUR031153	AHMED ABDULLAH ABDALHAMID ALREFAEY	CO	0%	100.00	125.00	150.00
SGTELE-01	Tele consultation with Consultant (Video Conference)	CO	0%	45.00	45.00	45.00
ANAN011271	MEDHAT ABDELFATTAH MOHAMED	CO	0%	100.00	125.00	150.00
ANAN011288	MOHANADFAKHRIABDULLAHAFIFI	CO	0%	100.00	125.00	150.00
CRCA011211	ESLAM ABDELKARIM MOURSY EISSA	CO	0%	100.00	125.00	150.00
CRCA011221	ABDELAZIZ AL ZAIDI	CO	0%	100.00	125.00	150.00
CRCA011347	SAYED MOHAMED MANTAWY	CO	0%	100.00	125.00	150.00
CRCA031282	ASMAA GOMAA EID MOUSTAFA	CO	0%	100.00	125.00	150.00
CSCS011364	MOHAMMED FOUAD	CO	0%	100.00	125.00	150.00
DMDL011279	AZZA MOUMTAZ ALMATT.	CO	0%	100.00	125.00	150.00
DMDL011289	HORIYA ABDULLAH HUSAIN ALMASARI	CO	0%	100.00	125.00	150.00
DMDL061166	ARSLAN ZAFAR JOBAL	CO	0%	100.00	125.00	150.00
DRDE011278	SOHAIR SALAH FATHALLA ELKASHEF	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
DRDE061311	MAHA ALA ELMESELLAWY	CO	0%	100.00	125.00	150.00
EDCR091184	KHALID HUSSAIN ALSAYED OSMAN	CO	0%	100.00	125.00	150.00
EDCS020937	CARLODEVICENTIIS	CO	0%	100.00	125.00	150.00
EDDL091428	AZZA MOUMTAZ ALMATT	CO	0%	100.00	125.00	150.00
EDDL101429	ARSLAN ZAFAR IQBAL	CO	0%	100.00	125.00	150.00
EDEN091302	AHMED MOHAMMED FAISAL ALMUTAIRI	CO	0%	100.00	125.00	150.00
EDEN091327	RAJAB AL ZAHRANI	CO	0%	100.00	125.00	150.00
EDET091146	IMAN JAMAL ADEEB ALMASHHARAWI	CO	0%	100.00	125.00	150.00
EDHE091260	ABDULAZIZ ALABDULAALY	CO	0%	100.00	125.00	150.00
EDIM011365	IBRAHIM MOHAMMAD ALRUZUG	CO	0%	100.00	125.00	150.00
EDIM091229	MOHAMMED ALGHOBAIN	CO	0%	100.00	125.00	150.00
EDIM091299	EYAD ADEL MAKKAWY	CO	0%	100.00	125.00	150.00
EDIM091328	BADER ALI SALEEM ALMEHMADI.	CO	0%	100.00	125.00	150.00
EDIM091329	KHALID ALI SAAD ALONAZI	CO	0%	100.00	125.00	150.00
EDIM091430	GOLSHAN KADRY HAMED ARAFAT.	CO	0%	100.00	125.00	150.00
EDNE091226	MAHMOUD MOHAMED SABRY	CO	0%	100.00	125.00	150.00
EDNE091227	SULTAN MOHAMMED ALQAHANI	CO	0%	100.00	125.00	150.00
EDNR091375	ADEL MOHAMED OTHMAN	CO	0%	100.00	125.00	150.00
EDNR091381	SHABAB ALOTAIBI	CO	0%	100.00	125.00	150.00
EDNR091389	HEBA MOHAMMED ZAMIL	CO	0%	100.00	125.00	150.00
EDOB091377	YAZEED ALYOUSEF	CO	0%	100.00	125.00	150.00
EDOB091382	NAWAL AHMED MOHAMMED ASSIRI	CO	0%	100.00	125.00	150.00
EDOG091097	HASSAN ABDULLAH ALGARNY.	CO	0%	100.00	125.00	150.00
EDOG091259	NADA ALAYED	CO	0%	100.00	125.00	150.00
EDOP091331	WALEED AHMAD ALSHAIFI	CO	0%	100.00	125.00	150.00
EDOP091362	ABDULMAJEED ABDULLAH ALZAKI	CO	0%	100.00	125.00	150.00
EDOP091394	OSAMA SALEH ALSHAYA	CO	0%	100.00	125.00	150.00
EDOP091408	KHALID KHALIL ALABBASI	CO	0%	100.00	125.00	150.00
EDOP091412	MOHAMMED AL SHOULI	CO	0%	100.00	125.00	150.00
EDOR090470	MOHAMMED EL RAKAYBI	CO	0%	100.00	125.00	150.00
EDOT091388	MUTLAQ ALOTAIBI	CO	0%	100.00	125.00	150.00
EDOT091396	MAANI NUSAIR	CO	0%	100.00	125.00	150.00
EDPA091007	FARIAD ABDU BASHIRI	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
EDPA091051	MALAK ALGHAMDI	CO	0%	100.00	125.00	150.00
EDPA091052	ALI AHMED AL SHEHRI	CO	0%	100.00	125.00	150.00
EDPA091264	RIYADALKHLIFI	CO	0%	100.00	125.00	150.00
EDPE090855	ABDULHAKIM AL OTAY	CO	0%	100.00	125.00	150.00
EDPE091357	KHALID ALI SAED ALGHAMDI	CO	0%	100.00	125.00	150.00
EDPE091361	ABDULLA SAEED MOSLEH AL SHAMRANI	CO	0%	100.00	125.00	150.00
EDPE091380	ABDULLAH YAHYA ALFAIFI	CO	0%	100.00	125.00	150.00
EDPE091383	ABDULLAH FADEL ALSHEHRI	CO	0%	100.00	125.00	150.00
EDPL091242	MOHAMMED SALEH MANSOUR SHAMIKH	CO	0%	100.00	125.00	150.00
EDPL091354	ABDULAZIZ SALEH AMODUMEEGH	CO	0%	100.00	125.00	150.00
EDPS090773	TARIQ ALTOKHAIS	CO	0%	100.00	125.00	150.00
EDRH091300	BADER ALI SALEEM ALMEHMADI	CO	0%	100.00	125.00	150.00
EDSR091297	ABDULLAH SAAD ALFOZAN	CO	0%	100.00	125.00	150.00
EDUR091427	MOATH MANSOUR BINHAZZA	CO	0%	100.00	125.00	150.00
EDVS091376	NASHWAN AHMED ALATTAB	CO	0%	100.00	125.00	150.00
ERER011210	AHMED MOHAMED ELHADIDY	CO	0%	100.00	125.00	150.00
ERER011275	AHMED ABDULHALIM AHMED ELSENOUSI	CO	0%	100.00	125.00	150.00
ERER031059	HEBA NASSER ALI BEKHIT	CO	0%	100.00	125.00	150.00
ERER031111	NOSHEEN MUSTAFA JAMAL	CO	0%	100.00	125.00	150.00
ETAU011203	MARWA MAHMOUD BAHGAT IBRAHIM	CO	0%	100.00	125.00	150.00
ETEN011398	AHMED NABIL ABDEL HAMID AHMED	CO	0%	100.00	125.00	150.00
IMCU031096	MAGED MOHAMED ALI GHAZAL	CO	0%	100.00	125.00	150.00
IMGA011320	HOSSAMELDIN ABDELMONEM MOUSSA NASR	CO	0%	100.00	125.00	150.00
IMGA090602	MAGED THARWAT EL GHANNAM	CO	0%	100.00	125.00	150.00
IMIM011293	RASHA MOHAMED HENDY MOHAMED	CO	0%	100.00	125.00	150.00
IMIM011373	MOHAMMED AHMED ABDULLAH	CO	0%	100.00	125.00	150.00
IMIM011386	ABDALLAH ALBALSHA	CO	0%	100.00	125.00	150.00
IMIM011390	MUSHABBAB ALMOFREH	CO	0%	100.00	125.00	150.00
IMIM031073	EMAN HAMDY ABDELAZIZ ELMOGY	CO	0%	100.00	125.00	150.00
IMIM031371	MENATULLAH MAHMOUD BAGHAT	CO	0%	100.00	125.00	150.00
IMIM051316	IQBAL ELSIR ABDELRAHMAN OSMAN	CO	0%	100.00	125.00	150.00
IMIM061200	UZMA JALI	CO	0%	100.00	125.00	150.00
IMNP011367	MOHAMMED MAHER	CO	0%	100.00	125.00	150.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
NENR031358	HAMADA ABDELTAWAB SALAMA	CO	0%	100.00	125.00	150.00
NENR031414	NEVEN GALAL TWALA	CO	0%	100.00	125.00	150.00
NENR061356	RAFA OMER ALTAYEB	CO	0%	100.00	125.00	150.00
NUNS011286	MOHAMMAD ABDELKHALEK HASAN	CO	0%	100.00	125.00	150.00
NUNS011366	AHMED ASSEM	CO	0%	100.00	125.00	150.00
NUNS011379	SAFWAT ABOUHASHEM MOHAMED ABOUHASHEM	CO	0%	100.00	125.00	150.00
OGOB011250	HASSAN ABDULLAH ALGARNY	CO	0%	100.00	125.00	150.00
OGOB011306	AISHA AZIZ USMAN HAMEED	CO	0%	100.00	125.00	150.00
OGOB011312	ASMA SALEM BA HARETHA	CO	0%	100.00	125.00	150.00
OGOB011432	AYMAN SAAD ZAGLOUL	CO	0%	100.00	125.00	150.00
OROP011285	MAHMOUD ABDELMONSEF GHONEEM	CO	0%	100.00	125.00	150.00
PAPE010943	RAMY MOSTAFA IBRAHIM	CO	0%	100.00	125.00	150.00
PAPE011249	MANAL SAID AHMED ABDELHAMID	CO	0%	100.00	125.00	150.00
PAPE011283	KAREEM MAHMOUD ABOELSEOUD	CO	0%	100.00	125.00	150.00
PAPE011284	ASHRAF MOHAMMAD IBRAHIM ABDO	CO	0%	100.00	125.00	150.00
PAPE011308	MOHAMMED ABDEL GABER ABD EL NAEEM	CO	0%	100.00	125.00	150.00
PAPE011360	ABEER ATEEF AL ASHMAWY	CO	0%	100.00	125.00	150.00
PAPE031020	AYMAN ABDALLA MOHAMED AHMED ELNAWASANY	CO	0%	100.00	125.00	150.00
PAPE031094	BASMA SAMIR MAHMOUD IBRAHIM	CO	0%	100.00	125.00	150.00
PAPE031107	DOAA MAMDOUH MOHAMMED TAWFIK	CO	0%	100.00	125.00	150.00
PAPE031343	NEHAL MOHAMMED IBRAHIM BADR	CO	0%	100.00	125.00	150.00
PAPE031345	DINA MOHAMED NAGUIB MOHAMED ABOUELSAAD	CO	0%	100.00	125.00	150.00
PAPE031385	RAFFAT BEKHIT ZAKI	CO	0%	100.00	125.00	150.00
PAPE031391	REEM MAMDOUH SOLIMAN KHATTAB	CO	0%	100.00	125.00	150.00
PAPE061246	NAGLAA MOHAMMED ABDELKADER	CO	0%	100.00	125.00	150.00
PAPE061247	NOHA ABDELMOHDY MOUSTAFA	CO	0%	100.00	125.00	150.00
PAPI011164	DOAA SHABAN AMIN HASSANIN	CO	0%	100.00	125.00	150.00
PAPI011256	HEBA SHAABAN ALY KAMEL ABDRABOU	CO	0%	100.00	125.00	150.00
PAPI031155	INAS SAAD IBRAHIM HASSAN	CO	0%	100.00	125.00	150.00
PAPI031170	KHALED MOHAMED MOUSSA SHABANA	CO	0%	100.00	125.00	150.00
PLPL011201	MAHMOUD MAHRAN AMIN MAHRAN	CO	0%	100.00	125.00	150.00
PLPL011368	ADEL MAYHOUR	CO	0%	100.00	125.00	150.00
PLPL011378	MOHAMMAD SALAH ALSABBABI AMIN	CO	0%	100.00	125.00	150.00



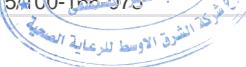
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
S	HEBA ATWA AHMED ATWA.	CO	0%	100.00	125.00	150.00
SRGS011270	HEBA ATWA AHMED ATWA	CO	0%	100.00	125.00	150.00
SRGS011307	MUJAHED MOHAMMED GHANEM	CO	0%	100.00	125.00	150.00
SRGS011313	AHMED ZAKAREYA YOUSIF	CO	0%	100.00	125.00	150.00
SRSR011397	MOHAMMED METWALLY SALAMA	CO	0%	100.00	125.00	150.00
URUR011291	MOHAMMED HOSSAM ABOZAMEL	CO	0%	100.00	125.00	150.00
URUR011372	MOHAMMED RADWAN MAHMOUD	CO	0%	100.00	125.00	150.00
URURO31352	AHMED MOSTAFA MOHAMMED ELBIALY	CO	0%	100.00	125.00	150.00
15597	CD RECORDABLE 700/800MB W/COVER	OS	25%	1.52	1.60	1.68
17470	WOUND DRAINAGE 12CH MEDINORM #50-11-504/50-22-504E	OS	25%	66.05	69.35	72.82
17500	UMBILICAL CORD CLAMP PLASTIC DISP MEDINORM #44-00-000	OS	25%	0.95	1.00	1.05
17503	SPIROMETER AIR INCENTIVE INTERTECT #2000/8888-719033	OS	25%	40.00	42.00	44.10
17508	CANNULA NASAL PEDIA #1163	OS	25%	8.00	8.40	8.82
17539	MASK LARYNGEAL SZ 3 CHILD 30-50KG DISP. #100/220/300	OS	25%	80.00	84.00	88.20
17556	CATHETER DOUBLE LUMEN CVC 7FR 20CM #ZKDND7F/20	OS	25%	200.00	210.00	220.50
17570	ADMISSION KIT RED F/FEMALE PATIENT	OS	25%	16.00	16.80	17.64
17571	ADMISSION KIT BLUE F/MALE PATIENT	OS	25%	16.00	16.80	17.64
17592	CABLE PACING TEMPORARY MYOCARDIAL LEAD #TME66Z/45041-02	OS	25%	962.50	1,010.63	1,061.16
17601	SYRINGE 50/60ML CATHETER TIP STERILE #9664	OS	25%	4.00	4.20	4.41
17605	GELFOAM SPONGE STERILE 12-7MM NDC #0009-0315-02	OS	25%	200.00	210.00	220.50
17634	MASK FACE SURGEON BLUE TIE ON	OS	25%	0.25	0.26	0.28
17643	BAND-AID STRIPS 19x72MM	OS	25%	0.14	0.15	0.15
17644	DIAPER INFANT MEDIUM (5 -9 KG)	OS	25%	2.68	2.81	2.95
17657	CATHETER GUIDING 6FR/JR4.0 W/SIDE HOLES #LAJR40SH/1981548	OS	25%	806.40	846.72	889.06
17668	CATHETER DIAGNOSTIC 6FR JL3.5 #6A0080/864121/533-618	OS	25%	120.00	126.00	132.30
17669	CATHETER GUIDING 6FR JR4.0 #LA6JR40	OS	25%	806.40	846.72	889.06
17670	INFLATION DEVICE KIT #1003326/91600012/AC2205P	OS	25%	400.00	420.00	441.00
17683	BANDAGE ELASTIC ADHESIVE 7.5CMx4.5M TENSOPLAST	OS	25%	-	-	-
17686	ID BAND ADULT #JM-B3403	OS	25%	0.67	0.70	0.74
17764	TUBE STOMACH 16CH W/MANDRIN #JM-C2566/15-5712	OS	25%	4.00	4.20	4.41
17765	BANDAGE COTTON GAUZE 10CMx4M	OS	25%	8.00	8.40	8.82
17768	ARM SLING STRAP-LARGE SCOTT #1203-03/80/0-01	OS	25%	32.23	33.84	35.53



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
17776	GUEDEL AIRWAY SIZE 0 CHILD BLACK	OS	25%	6.23	6.54	6.87
17794	CUFF BP F/PEDIA 18-26CM REUSABLE HP/SPACELAB#685-00-/40401B	OS	25%	40.00	42.00	44.10
18120	CONNECTOR Y TYPE 3/8x3/8x3/8"" STERILE #050-526-000/266888/EC2105S	OS	25%	24.00	25.20	26.46
18125	CATHETER DUAL LUMEN 11.5FRX15CM J	OS	25%	926.21	972.52	1,021.15
18136	DRESSING SURGICAL 9x15CM MOLNLYCKE #67100/072590	OS	25%	3.15	3.31	3.47
18137	BANDAGE ELASTIC 10CMx5YDS LENKELAST	OS	25%	8.00	8.40	8.82
18156	CATHETER FOLEY 18CH/3WAY/30ML SILICONE#167718	OS	25%	16.00	16.80	17.64
18175	SUCTION TUBE 270/260CM BOTH SIDES W/CONNECTOR	OS	25%	16.00	16.80	17.64
18210	DRESSING SURGICAL 9x20CM MOLNLYCKE #30513/671100	OS	25%	4.20	4.41	4.63
18212	TUBE ENDOTRACH 4.0MM CUFFED O/NASAL#5-10108/107-40	OS	25%	24.00	25.20	26.46
18214	CATHETER NELATON MALE 14CH #14-14	OS	25%	1.86	1.95	2.05
18301	CATHETER GUIDING 6FR AL1.0 #LA6AL10/Z26AL10	OS	25%	600.00	630.00	661.50
18321	CATHETER SUCTION 6CH GREEN TIP W/CONTROL	OS	25%	1.55	1.63	1.71
18340	TUBE ENDOTRACH 6.0MM CUFFED ORAL NASAL #100-166-060/5-10312/107-60	OS	25%	16.00	16.80	17.64
18343	ELECTRODE ECG PREGELLED PEDIATRIC	OS	25%	0.99	1.04	1.09
18351	BLOOD ADMINISTRATION SET #JM-S2422/TB-A200B	OS	25%	8.00	8.40	8.82
18358	DRESSING SURGICAL 6x7CM MOLNLYCKE #30510/670800	OS	25%	0.84	0.88	0.93
18361	GLOVES EXAMINATION VINYLE MEDIUM NON-STERILE	OS	25%	0.22	0.23	0.24
18414	CATHETER FOLEY 20CH/3WAY/30ML SIL	OS	25%	16.00	16.80	17.64
18458	STERISTRIP (018458)	OS	25%	20.00	21.00	22.05
18459	DIAPER INFANT SMALL (3-6 KG)	OS	25%	2.43	2.55	2.68
18460	BANDAGE ELASTIC 7.5/8CMx5YDS LENKELAST	OS	25%	4.00	4.20	4.41
18461	BANDAGE ELASTIC 12CMx5M LENKELAST	OS	25%	8.00	8.40	8.82
18462	BANDAGE ELASTIC	OS	25%	8.00	8.40	8.82
18463	BANDAGE ELASTIC 5/6CMx5YDS LENKELAST	OS	25%	4.20	4.41	4.63
18470	UNDERPAD BLUE 60x60CM DISPOSABLE	OS	25%	1.18	1.24	1.30
18473	BANDAGE DELTA ROLL 10CMx2.75M #51693	OS	25%	8.00	8.40	8.82
18474	BANDAGE DELTA ROLL 15CMx2.75M #51694	OS	25%	8.00	8.40	8.82
18475	BANDAGE DELTA ROLL 20CMx2.75M #51695	OS	25%	16.00	16.80	17.64
18480	DRESSING SURGICAL 9x25CM MOLNLYCKE #30514/671200-08	OS	25%	5.66	5.94	6.24
18494	PAD MATERNITY LARGE NON-STERILE	OS	25%	1.02	1.07	1.12
18495	DIAPERS ADULT SIZE LARGE	OS	25%	4.00	4.20	4.41



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
18498	STOCKING ANTI-EMBOLISM THIGH LARGE LENGTH 31-36CM	OS	25%	40.00	42.00	44.10
18499	WOUND DRAINAGE 14CH MEDINORM #50-11-505/50-22-505E	OS	25%	40.00	42.00	44.10
18500	WOUND DRAINAGE 10CH MEDINORM #50-11-503/50-22-5033	OS	25%	120.00	126.00	132.30
18501	URINAL MALE PLASTIC DISPOSABLE #JM-U3015/13554-0030	OS	25%	12.00	12.60	13.23
18502	BEDPAN PLASTIC DISPOSABLE	OS	25%	12.00	12.60	13.23
18503	URINE METER/UREOFIX 500 #441500/0/40-0010/M06450	OS	25%	36.00	37.80	39.69
18510	BANDAGE POP GYPSONA 20x270CM	OS	25%	4.00	4.20	4.41
18514	CUP MEDICINE 1 OZ	OS	25%	0.20	0.21	0.22
18515	BAG URINE DRAINAGE 2000ML NON STERILE	OS	25%	5.22	5.48	5.76
18520	PACK NASAL EPISTAXIS 10x1.5x2.5CM	OS	25%	40.00	42.00	44.10
18526	CAP NURSE BOUFFANT ROUND GREEN LARGE	OS	25%	-	-	-
18528	GLOVES EXAMINATION VINYLE SMALL NON-STERILE	OS	25%	0.22	0.23	0.24
18529	GLOVES EXAMINATION VINYLE LARGE NON-STERILE	OS	25%	0.22	0.23	0.24
18530	GLOVES SURGEON SIZE 8 STERILE	OS	25%	3.92	4.12	4.32
18531	GLOVES SURGEON SIZE 7.5 STERILE	OS	25%	3.90	4.10	4.30
18532	GLOVES SURGEON SIZE 6.5 STERILE	OS	25%	3.86	4.05	4.26
18533	GLOVES SURGEON SIZE 7 STERILE	OS	25%	4.01	4.21	4.42
18534	GLOVES SURGEON SIZE 6 STERILE	OS	25%	4.19	4.40	4.62
18541	DRAPE TOWEL SURGICAL 50x75CM STERILE #706300	OS	25%	8.00	8.40	8.82
18542	SHROUD KIT ADULT DISP	OS	25%	120.00	126.00	132.30
18543	SWAB GAUZE 2"x2" 8PLY PLAIN NON-STERILE	OS	25%	0.04	0.04	0.04
18566	MASK LARYNGEAL SIZE 4 INTRAVENT/LMA #LMA4.0	OS	25%	510.72	536.26	563.07
18570	DRESSING IV CANNULA FIXATION 6x7/7x9CM #1623W/4923/691505	OS	25%	1.72	1.81	1.90
18579	GOWN SURGEON XXL BARRIER #JM-G2070/580/2652	OS	25%	12.00	12.60	13.23
18593	SWAB GAUZE 10x10CM 12PLY PLAIN NON-STERILE	OS	25%	0.14	0.15	0.15
18594	APRON PLASTIC WHITE LARGE DISPOSABLE	OS	25%	8.00	8.40	8.82
18603	ARM SLING STRAP MEDIUM SCOTT #1203-02/1204-DZ03	OS	25%	27.93	29.33	30.79
18607	BANDAGE FIBERGLASS WHITE 5" 3M	OS	25%	24.00	25.20	26.46
18609	BANDAGE FIBERGLASS WHITE 2" 3M	OS	25%	12.00	12.60	13.23
18616	TUBE FEEDING 8FRx50CM #JM-C2558	OS	25%	1.44	1.51	1.59
18618	TUBE ENDOTRACH 8.5MM CUFFED ORAL/NASAL MALL #107-85	OS	25%	16.00	16.80	17.64
18624	NASOPHARYNGEAL AIRWAY 7.0MM 28/30FR #100/10/070/8888-247031	OS	25%	24.00	25.20	26.46
18629	TUBE ENDOTRACH 7.5MM CUFFED ORAL NASAL #JMTP-107-75/100-166-075	OS	25%	24.00	25.20	26.46



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
18630	HOOK AMINI DISP. STERILE HOLISTER	OS	25%	2.94	3.09	3.24
18632	TUBE ENDOTRACH 7.0MM CUFFED ORAL NASAL #107-70/5-10314	OS	25%	24.00	25.20	26.46
18635	CATHETER NELATON MALE 24CH #14-2	OS	25%	3.95	4.15	4.35
18640	MASK OXYGEN PEDIATRIC W/1.8MTR TUBING #JM-Y1002M/1196	OS	25%	12.00	12.60	13.23
18642	CATHETER IV UMBILICAL ARTERY 5FR	OS	25%	16.00	16.80	17.64
18645	CATHETER EMBOLECTOMY 6CH 80CM #337000/120806F/300680	OS	25%	554.40	582.12	611.23
18650	TUBE ENDO.REIN.7.5 CUF.SHER#5-12164/PRTX#100/110/070/104202MM7.0	OS	25%	40.00	42.00	44.10
18651	TUBE ENDOTRACH REINFORCED 7.0MM CUFFED #100-110-070/5-12164/118-70	OS	25%	80.00	84.00	88.20
18657	CATHETER FOLEY BALLOON 3WAY/22FR	OS	25%	16.00	16.80	17.64
18660	TUBE ENDOTRACH 5.0MM CUFFED ORAL/NASAL SHER. #5-10310/107-50	OS	25%	24.00	25.20	26.46
18661	TUBE ENDOTRACH 4.5MM CUFFED ORAL NASAL #5-10109/107-45	OS	25%	16.00	16.80	17.64
18662	TUBE ENDOTRACH 3.5MM CUFFED ORAL/NASAL SHER. #5-10107/107-35	OS	25%	24.00	25.20	26.46
18664	CATHETER MALE URI DRAIN LATEX LARGE CONVATEC #640071/9308	OS	25%	12.00	12.60	13.23
18666	CATHETER FOLEY BALLOON 2WAY/8CH/5	OS	25%	1.39	1.46	1.53
18667	CATHETER THORACIC W/TROCAR 32CH 40CM	OS	25%	40.00	42.00	44.10
18668	CATHETER TROCAR CHESTDRAIN 28CH 40CM ARGYLE #8888-561068/211-28	OS	25%	40.00	42.00	44.10
18670	CATHETER TROCAR 12CHx23CM CHESTDRAIN ARGYLE #11012	OS	25%	40.00	42.00	44.10
18672	GUEDEL AIRWAY SIZE 04 ADULT RED STER. DISP. #1-1504-90	OS	25%	5.27	5.53	5.81
18673	GUEDEL AIRWAY SIZE 03 ADULT YELLOW STER. DISP. #1-1504-80	OS	25%	8.00	8.40	8.82
18674	GUEDEL AIRWAY SIZE 02 WHITE STR DISP# 1-1504-70	OS	25%	8.00	8.40	8.82
18675	GUEDEL AIRWAY SIZE 01 CHILD BLACK STR.DISP.#1-1504-60	OS	25%	5.65	5.93	6.23
18676	CATHETER SUCTION 16CHx22"" W/CONTROL	OS	25%	1.41	1.48	1.55
18677	CATHETER SUCTION 12CHx22"" W/CONTROL	OS	25%	1.42	1.49	1.57
18678	CATHETER SUCTION 10CHx53CM W/CONTROL	OS	25%	1.62	1.70	1.79
18679	CATHETER FOLEY BALLOON 2WAY/10CH/3ML SILCOLATEX	OS	25%	12.00	12.60	13.23
18714	CANNULA IV VENFLON 24G W/O PORT	OS	25%	5.29	5.55	5.83
18717	CANNULA IV	OS	25%	5.29	5.55	5.83
18718	ID BAND INFANT	OS	25%	1.17	1.23	1.29
18727	SYRINGE 10ML W/O NEEDLE STERILE #SS*10L/9604	OS	25%	0.92	0.97	1.01
18729	SYRINGE 3ML W/O NEEDLE STERILE #SS*03L/9586	OS	25%	0.53	0.56	0.58
18732	SYRINGE 50/60ML W/O NEEDLE STERILE #SS*50LZ/9663	OS	25%	13.16	13.82	14.51
18735	SHEATH THERMOMETER IVAC #P850	OS	25%	0.28	0.29	0.31
18736	MASK OXYGEN N/REBREATHER ADULT SALTER LAB #8130/1102/64080	OS	25%	12.00	12.60	13.23



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
18737	SYRINGE 20ML W/O NEEDLE STERILE #SS*20L	OS	25%	1.38	1.45	1.52
18738	INFUSIONSETINTRAFIXDISPOSABLEB/BRAUN	OS	25%	3.16	3.32	3.48
18740	CATHETER SUCTION 14CHx22"" W/CONTROL	OS	25%	1.38	1.45	1.52
18746	SYRINGE INSULIN 1ML 100U 28G/29Gx0.5"" #SS*10M2913/324812	OS	25%	0.94	0.99	1.04
18747	TUBING PERFUSOR MACHINE B.BRAUN #	OS	25%	16.00	16.80	17.64
18750	SYRINGE TUBERCULIN 1ML 25-29G TERUMO #SS+01T2516	OS	25%	0.54	0.57	0.60
18751	SYRINGE EAR ULCER 2 OZ	OS	25%	12.00	12.60	13.23
18817	ELECTRODE ECG PREGELLED ADULT STERILE #T716/JM-MDF400/2222	OS	25%	0.88	0.92	0.97
18819	CATHETER GUIDING 6FR JL 3.5 #LA6JL35/34356661/Z26JL35	OS	25%	806.40	846.72	889.06
18822	MASK OXYGEN ADULT W/NEBULIZER SALTER LABS #8924/1483	OS	25%	8.00	8.40	8.82
18823	MASK OXYGEN W/CONNECTOR ADULT #JM-Y1003M	OS	25%	14.32	15.04	15.79
18835	TUBE ENDOTRACH 5.0 UNCUFFED ORAL	OS	25%	12.00	12.60	13.23
18838	TUBING PUMP SET F/ARTHROSCOPY ARTHREX #AR-6415	OS	25%	621.60	652.68	685.31
18839	CATHETER DIAGNOSTIC 6FR/JR4.0 #6A0002/010018/0864102	OS	25%	120.00	126.00	132.30
18841	WIRE GUIDE 0.35x150/145CM "J" TIP #007042/SCH38025	OS	25%	120.00	126.00	132.30
18846	CATHETER MOUNT ELBOW 7.6MM/15FR W/PORT #3520/3508/03861316/440001000	OS	25%	16.00	16.80	17.64
18859	TUBE FEEDING 6FRx48CM #JM-C2556	OS	25%	1.44	1.51	1.59
18863	TUBE STOMACH 14FR/18CM W/MANDRIN #JM-C2564	OS	25%	8.00	8.40	8.82
18866	CATHETER FOLEY BALLOON 2WAY/20CH/30ML SILICONE	OS	25%	12.00	12.60	13.23
18871	CATHETER NELATON MALE 12CH #14-12-100	OS	25%	2.41	2.53	2.66
18872	CATHETER NELATON MALE 10CH#14Q	OS	25%	3.10	3.26	3.42
18873	CATHETER NELATON MALE 8FR #JM-C2408N	OS	25%	2.04	2.14	2.25
18875	CATHETER NELATON MALE 6CH 40CM #14-06100	OS	25%	3.09	3.24	3.41
18876	CATHETER NELATON FEMALE 12FR #JM-C2412NF	OS	25%	3.03	3.18	3.34
18877	TUBE ENDOTRACH 4.0MM UNCUFFED MALLINK #100-107-040	OS	25%	16.00	16.80	17.64
18881	CATHETER FOLEY BALL. 2WAY/18CH/15/30ML SILCONIZED #180630	OS	25%	16.00	16.80	17.64
18882	CATHETER FOLEY BALLOON 2WAY/16CH SILCONIZED	OS	25%	12.00	12.60	13.23
18883	CATHETER FOLEY BALLOON 2WAY/14CH/	OS	25%	16.00	16.80	17.64
18888	TUBE FEEDING NEONATAL 5FRx47CM	OS	25%	1.44	1.51	1.59
18892	TUBE ENDOTRACH 3.0MM UNCUFFED O/N#111-30/PORTEX#100/111/030	OS	25%	16.00	16.80	17.64
18898	COVER STERILE F/CAMERA 13x250CM KARL STORZ #538X/31401	OS	25%	16.00	16.80	17.64
18900	WOUND DRAINAGE 16CH MEDINORM #50-22-506E	OS	25%	40.00	42.00	44.10
18902	UNDERPAD BLUE 60x90CM DISPOSABLE	OS	25%	2.57	2.70	2.83



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
18903	EYEPAD 56x70MM #415450/EP11	OS	25%	1.98	2.08	2.18
18904	BAND-AID SPOTS 7/8x7/8"" #4930	OS	25%	-	-	-
18908	SWAB ALCOHOL STERILE	OS	25%	0.06	0.06	0.07
18911	BANDAGE COTTON GAUZE 8CMx4M	OS	25%	12.00	12.60	13.23
18912	SPONGELAPPREWASHED18x18"4-PLYSTERILEX-RAYDETECTABLERING	OS	25%	5.19	5.45	5.72
19252	WOUND DRAINAGE 18CH MEDINORM #SM44-1/4	OS	25%	40.00	42.00	44.10
19434	SENSOR OXI PEDIATRIC NELLCOR #D-2	OS	25%	80.00	84.00	88.20
19442	SWAB GAUZE 4"x4" 8PLY PLAIN NON-STERILE	OS	25%	0.15	0.16	0.17
19444	SWAB GAUZE 3"x3" 8/12PLY PLAIN NON-STERILE	OS	25%	0.11	0.12	0.12
19892	TUBE ENDOTRACH REINFORCED 6.5MM CUFFED #100-110-065/61214065	OS	25%	40.00	42.00	44.10
19917	NASOPHARYNGEAL AIRWAY 7.5MM 30/32FR W/RUESCH #185200	OS	25%	24.00	25.20	26.46
19970	STOPCOCK 3 WAY CONNECTER 10CM EXTENTION #4631-8/394995	OS	25%	4.35	4.57	4.80
19976	CATHETER GUIDING 6FR JL4 #LA6JL40/1981507/007-060002	OS	25%	806.40	846.72	889.06
19986	CATHETER DIAGNOSTIC 6F PIG ANGLED PLUS #08641215/0864140/533-654S/6A001	OS	25%	120.00	126.00	132.30
19988	CATHETER DIAGNOSTIC 6FR/JR3.5 100CM #6A0001/864101/10017/533-619	OS	25%	120.00	126.00	132.30
19998	MOUTH PIECE UNIVERSAL T-KIT #1485	OS	25%	16.00	16.80	17.64
20017	CATHETER URETERAL BALLOON DILATOR W/HYDROPLUS KIT #225-100	OS	25%	1,080.00	1,134.00	1,190.70
20022	TUBE TRACHEAL 15CH INTRODUCER PORTEX #100/125/515-100/123/515	OS	25%	60.00	63.00	66.15
20040	TUBE ENDOTRACH 3.5MM UNCUFFED ORAL NASAL#100-105-035 / 102301	OS	25%	12.00	12.60	13.23
20046	CATHETER MANIFOLD SYSTEM 3 WAY #203BF-R/70037303	OS	25%	40.00	42.00	44.10
20084	CATHETER DIAGNOSTIC 6FR RT NO TORQUE #009234	OS	25%	120.00	126.00	132.30
20168	GLOVES SURGEON SIZE 8.5 STERILE	OS	25%	3.92	4.12	4.32
20208	GOWN SURGEON X-LARGE STERILE DISP	OS	25%	12.00	12.60	13.23
20254	SOLUTION ALCOHOL HANDRUB 500ML HY	OS	25%	16.00	16.80	17.64
20273	CATHETER URETERAL 6FR 70CM OPEN END #020116/021306/62450310	OS	25%	120.00	126.00	132.30
20428	MULTIFILTRATE KIT 4 CVVHDF600 #5038931	OS	25%	1,345.28	1,412.54	1,483.17
20444	SYRINGE 12CC THUMB/FINGER RING LUER LOCK BS #CCS600/70087003	OS	25%	72.00	75.60	79.38
20508	CATHETER TRIPLE LUMEN CVC 7FR 20CM 14G #MC3L-8S/ML-37020-A	OS	25%	160.00	168.00	176.40
20512	CATHETER VENOUS DUAL STAGE 34/46FR MEDTRONIC #91246/RDS-41134/4936	OS	25%	571.20	599.76	629.75
20516	CATHETER FOLEY BALLOON 2WAY/10FR/3ML SILICONE	OS	25%	16.00	16.80	17.64
20551	CATHETER PERITONEAL CSF MEDTRONIC/BMI #43522/03105M	OS	25%	846.72	889.06	933.51



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
20552	CATHETER VENTRICULAR CSF MEDTRONIC #41101/01101	OS	25%	1,036.80	1,088.64	1,143.07
20574	CANNULA IV VENFLON 26G W/O PORT	OS	25%	5.29	5.55	5.83
20578	SHEARS CURVED LAPARASCOPIC 5MM ETHICON #LCSC5	OS	25%	4,356.24	4,574.05	4,802.75
20580	ELECTRODES PREATTACHED LEADWIRE #2269T/13952A-B/13953D	OS	25%	8.00	8.40	8.82
20586	CATHETER SUCTION 8CHx14"" W/CONTROL	OS	25%	1.43	1.50	1.58
20820	BIT DRILL 1.5MM # 310.150	OS	25%	200.00	210.00	220.50
21093	WIRE BORING KIRSCNER FLAT 15CMX1.8MM AESCULAP #LX138S	OS	25%	24.00	25.20	26.46
21120	WIRE BORING KIRSCNER 15CMX1.0MM AESCULAP #LX130S	OS	25%	20.00	21.00	22.05
21279	NUT # 500100210000 TE	OS	25%	12.00	12.60	13.23
21351	RING HALF 150MM # 500101200150	OS	25%	400.00	420.00	441.00
21525	BURR ROSEN D3.1MM, 125MM L. SHANK D 2.35MM #GD249R	OS	25%	240.00	252.00	264.60
21578	SUTURE ETHIBOND 5/0 ETHICON #W4846	OS	25%	120.00	126.00	132.30
21591	SUTURE PROLENE 5/0 90CM BLUE ETHICON #W8556	OS	25%	40.00	42.00	44.10
21597	CARTRIDGE PROXIMATE RELOAD UNIT 75MM#TCR75	OS	25%	1,107.84	1,163.23	1,221.39
21598	STAPLER PROXIMATE LINEAR CUTTER 55MM #TLC55	OS	25%	1,440.00	1,512.00	1,587.60
21599	STAPLER PROXIMATE LINEAR CUTTER TITANIUM #TLC75	OS	25%	1,440.00	1,512.00	1,587.60
21610	SUTURE PROLENE 3/0 90CM W/NEEDLE ETHICON #W8354	OS	25%	120.00	126.00	132.30
21612	SUTURE MERSILK BLACK 0 75CM ETHICON #W552	OS	25%	32.00	33.60	35.28
21616	BLADE SURGICAL CARBON SIZE #11 STERILE	OS	25%	2.24	2.35	2.47
21629	SUTURE ETHILON BLACK 10/0 ETHICON 30CM W/NDL #W1718 (D&G #1533-38)	OS	25%	200.00	210.00	220.50
21631	SUTURE MERSILK BLACK 3/0 75CM ETHICON #W587H/EH7386H	OS	25%	16.00	16.80	17.64
21634	SUTURE ETHIBOND GREEN 2/0 90CM ETHICON/PETER #W6767/19417K82G/480075	OS	25%	40.00	42.00	44.10
21635	SUTURE PROLENE 4/0 90CM ETHICON/PETER #W8761/20S151/EH7585H	OS	25%	40.00	42.00	44.10
21649	SUTURE CHROMIC GUT 0 45CM ENDOLOOP #EJ10G/EL10G	OS	25%	581.28	610.34	640.86
21654	SUTURE STERNAL WIRE GUAGE 5 REVERSE #M635G	OS	25%	40.00	42.00	44.10
21656	CLIP MEDIUM PREMIUM TITANIUM S AUTOSUTURE #134031/MCM20	OS	25%	1,200.00	1,260.00	1,323.00
21657	CLIP SMALL PREMIUM TITANIUM S AUTOSUTURE #MCS20/134046	OS	25%	1,200.00	1,260.00	1,323.00
21658	SUTURE PROLENE 6/0 ETHICON #W8597	OS	25%	80.00	84.00	88.20
21659	SUTURE MERSILK BLACK 3/0 W/O NEEDLE ETHICON #W192	OS	25%	16.00	16.80	17.64



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
21666	SUTURE PROLENE BLUE 7/0 60CM ETHICON/PETER #W8702/20SO5A	OS	25%	120.00	126.00	132.30
21669	SUTURE VICRYL VIOLET 4/0 45CM ETHICON #W9834T	OS	25%	40.00	42.00	44.10
21901	SUTURE PROLENE 0 BLUE ETHICON #W8434	OS	25%	28.00	29.40	30.87
22422	BLADE SURGICAL CARBON SIZE #15 STERILE	OS	25%	2.16	2.27	2.38
22423	TONGUE DEPRESSOR 6"" STERILE	OS	25%	0.16	0.17	0.18
22424	BLADE SKIN GRAFT KNIFE #HG-215-01-Q/KNI-3680	OS	25%	56.00	58.80	61.74
22425	SUTURE VICRYL PLUS 2-0 70CM ROUND BODY ETHICON #VCP317H/W9121	OS	25%	40.00	42.00	44.10
22427	BONE WAX 2.5GM ETHICON #W810T/W810/W30E D&G 8332-00	OS	25%	16.00	16.80	17.64
22429	SUTURE MERSILK BLACK 0 75CM ETHICON #W782H/D&G 1093-61/1084-61	OS	25%	16.00	16.80	17.64
22430	SUTURE MERSILK BLACK 0 75CM CURVED 30MM ETHICON #W334H/D&G 1123-61	OS	25%	16.00	16.80	17.64
22431	SUTURE MERSILK 2-0 75CM ETHICON #W333H/D&G 1123-51	OS	25%	16.00	16.80	17.64
22432	SUTURE PROLENE BLUE 1/0 100CM ETHICON #W742/D&G 3465-71	OS	25%	20.00	21.00	22.05
22437	SUTURE MERSILK 0 ETHICON #W204/D&G 1022-61	OS	25%	24.00	25.20	26.46
22439	SUTURE MERSILK BLACK 5/0 75CM ETHICON #W500H/D&G 1073-21	OS	25%	20.00	21.00	22.05
22493	BURR ROUND 3.85MM F/ARTHROSHAVER ARTHREX #AR8385B	OS	25%	1,074.18	1,127.89	1,184.28
22518	PATTIES SURGICAL 1/2x1.1/2" CODMAN #80-1404/60-08	OS	25%	31.70	33.29	34.95
22523	BLADE RAZOR DOUBLE EDGE SHAVE	OS	25%	3.94	4.14	4.34
22631	SCREW CARPAL SCAPHOID 40MM LONG AESCULAP LB280S/400032200400	OS	25%	95.96	100.76	105.80
22649	SCREW CORTICAL SMALL 3.5x16MM #LB186/30602021016/400032180160/24-0008-016	OS	25%	27.73	29.12	30.57
22663	NEEDLE HYPO 20Gx1.5" STERILE #NN*2038R	OS	25%	0.26	0.27	0.29
22664	NEEDLE HYPO	OS	25%	0.25	0.26	0.28
22665	NEEDLE HYPO 22Gx1.5" STERILE #NN*2238R	OS	25%	0.26	0.27	0.29
22669	NEEDLE SPINAL 20Gx3.5" SPINOCAN #SN*2090/450990/0	OS	25%	16.00	16.80	17.64
22672	NEEDLE HYPO 23Gx11/4" STERILE #NN*2332R	OS	25%	0.27	0.28	0.30
22759	PLATE SCOTCH ADULT 3M DISPOSABLE #1149/83-122-67/400-2700/1201	OS	25%	12.00	12.60	13.23
22762	PEN MARKING VIOMEDEX/POREX #VX200/6310	OS	25%	12.00	12.60	13.23
22764	WIRE BORING WIRE KIRS. 15CM 1.2MM HIPOKRAT #300030111218/LX132S	OS	25%	20.00	21.00	22.05
22820	SUTURE VICRYL 6/0 45CM ETHICON #W9981 (D&G9105-11)	OS	25%	40.00	42.00	44.10
22821	MESH PROLENE 30x30CM ETHICON #PML/P1-3030	OS	25%	1,747.20	1,834.56	1,926.29
22822	SUTURE PROLENE 2/0 75CM ETHICON #W295/D&G 3651-51	OS	25%	24.00	25.20	26.46
22823	CLIP ENDO 10MM TITANIUM ETHICON #ER320/176615	OS	25%	1,516.80	1,592.64	1,672.27



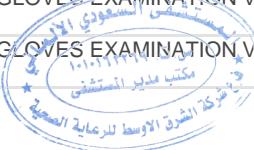
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
22826	SUTURE ETHILOOP BLUE ETHICON #EH384E	OS	25%	120.00	126.00	132.30
22835	BAG SPECIMEN RETREIVE 4x6" ETHICON #POUCH/EP236	OS	25%	1,094.40	1,149.12	1,206.58
22847	SUTURE PROLENE 3/0 75CM BLUE ETHICON #W621/D&G 3490-41	OS	25%	24.00	25.20	26.46
22848	STAPLER PROXIMATE SKIN #PMW35/D&G 8037-12	OS	25%	120.00	126.00	132.30
22852	SUTURE PROLENE 2/0 100CM BLUE ETHICON #W8689/W30C40TX/D&G 3426-51	OS	25%	36.00	37.80	39.69
22861	SUTURE VICRYL 3/0 75CM VIOLET ETHICON #W9114/VCP311H/D&G 9813-41	OS	25%	40.00	42.00	44.10
22862	SUTURE VICRYL 4/0 60CM ETHICON #W9067	OS	25%	40.00	42.00	44.10
22864	SCALP VEIN SET G23x3/4"" BUTTERFLY STERILE #404766/4	OS	25%	5.04	5.29	5.56
22865	SCALP VEIN SET G25x3/4"" BUTTERFLY STERILE #404765/6	OS	25%	5.04	5.29	5.56
22866	SURGICAL HAEMOSTAT 2x3" #W1913T/1953	OS	25%	200.00	210.00	220.50
22876	SUTURE VICRYL 2/0 ETHICON #W9150/D&G 9833-51/9832-51	OS	25%	32.00	33.60	35.28
22882	SCALPEL BLADE SIZE #22 W/HANDLE STERILE	OS	25%	8.00	8.40	8.82
22947	SUTURE PROLENE 5/0 75CM W/NEEDLE #8721/167257	OS	25%	80.00	84.00	88.20
22968	STOPCOCK 3 WAY DISCOFIX OHMEDA #394601	OS	25%	2.52	2.65	2.78
23037	BLADE SAW W. STARC. USABLE L90 MM, W25 MM #GC779R	OS	25%	200.00	210.00	220.50
23122	NEEDLE SPINAL 22Gx3.5" STERILE #SN*2290/5181	OS	25%	20.00	21.00	22.05
23124	NEEDLE HYPO 18Gx1.5" STERILE #NN*1838R	OS	25%	0.27	0.28	0.30
23173	WASHER SLOTTED # 500100320000 TE	OS	25%	36.00	37.80	39.69
23176	BOLT SLOTTED #500100910000TE	OS	25%	200.00	210.00	220.50
23178	BOLT CANNULATED # 500100900000 TE	OS	25%	240.00	252.00	264.60
23586	NEEDLE SURGICAL AESCULAP #BL207N	OS	25%	16.00	16.80	17.64
23761	BIT DRILL 3.2MM # 315.290	OS	25%	1,368.86	1,437.30	1,509.17
23835	RING HALF 130MM # 500101200130	OS	25%	400.00	420.00	441.00
24023	CARTRIDGE PROXIMATE RELOAD UNIT 55MM #TCR55	OS	25%	1,036.32	1,088.14	1,142.54
24088	SUTURE VICRYL VIOLET 6/0 ETHICON #W9552/D&G 7507-13	OS	25%	120.00	126.00	132.30
24089	SUTURE VICRYL UNDYED 2/0 75CM ETHICON #W9582T/D&G 9618-51	OS	25%	40.00	42.00	44.10
24090	BLADE SURGICAL CARBON SIZE #10 STERILE	OS	25%	2.52	2.65	2.78
24096	SUTURE VICRYL UNDYED 3/0 45CM ETHICON/PETER #W9511T/18120J/D&G-9608-41	OS	25%	40.00	42.00	44.10
24098	SUTURE PROLENE BLUE 3/0 90CM ETHICON #W8522	OS	25%	40.00	42.00	44.10
24110	SUTURE MERSILK 4/0 ETHICON #W604/D&G 1074-31	OS	25%	16.00	16.80	17.64
24143	RING HALF 180MM # 500101200180	OS	25%	400.00	420.00	441.00



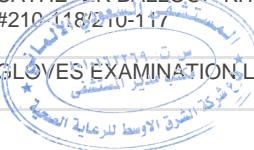
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
24249	SUTURE MERSILK BLACK 3/0 75CM ETHICON #W502H	OS	25%	16.00	16.80	17.64
24264	BLADE SURGICAL CARBON SIZE #20 STERILE	OS	25%	2.52	2.65	2.78
24441	SYRINGE ANGIOGRAPHIC 150ML STERILE DISP MEDRAD #150-FT-Q/0137NF	OS	25%	24.00	25.20	26.46
25897	STERI STRIP 1/2X4 #R1547	OS	25%	16.00	16.80	17.64
25898	WIRE GUIDE RADIFOCUS 0.035"x150CM J #GA35153M/46625	OS	25%	200.00	210.00	220.50
25909	CATHETER SHEATH INTRODUCER 7FR 11CM #18933/1221-1400	OS	25%	200.00	210.00	220.50
25916	CONNECTOR 120CM/122CM HIGH PRESSURE #20329/91031483/1211-1400	OS	25%	24.00	25.20	26.46
25995	LANCETO FINE POINT	OS	25%	0.05	0.05	0.06
26764	WASHER F/ 3.5 SCREW	OS	25%	40.00	42.00	44.10
27201	DRESSING SHEET 15CMx10M HYPAFIX/CURAFIX #30343/62-421	OS	25%	0.06	0.06	0.07
27202	DRESSING SHEET 5CMx10M HYPAFIX/CU	OS	25%	0.01	0.01	0.01
27203	DRESSING SHEET 10CMx10M HYPAFIX/C	OS	25%	0.02	0.02	0.02
27204	DRESSING SHEET 30CMx10M HYPAFIX/C	OS	25%	0.07	0.07	0.08
27205	DRESSING SHEET 20CMx10M CURAFIX/HYPAFIX #350300/30344	OS	25%	0.05	0.05	0.06
27341	WIRE GUIDE BMW 0.014" 190CM GUIDENT #1009660J	OS	25%	1,238.40	1,300.32	1,365.34
27449	SUCTION LINER 3000ML CARDINAL #65651-93C	OS	25%	24.00	25.20	26.46
27559	CATHETER GUIDING 6FR FL5 SHT/TIP#H74919815-310	OS	25%	806.40	846.72	889.06
27615	ACTILYSE TREATMENT SET	OS	25%	4,910.13	5,155.64	5,413.42
27766	GLOVES EXAMINATION LATEX LARGE POWDER FREE	OS	25%	0.45	0.47	0.50
36128	GOWN SURGEON LARGE DISP QUALIMED	OS	25%	12.00	12.60	13.23
36130	SUCTION LINER 2000ML DISPOSABLE #CNLINER	OS	25%	16.00	16.80	17.64
36290	IV INFUSION SET EZ REGULAR	OS	25%	16.00	16.80	17.64
36674	EYEPAD F/PHOTOTHERAPY POSEY #4645	OS	25%	16.00	16.80	17.64
36998	ITEM ALPHA CADE SHAMPOOING- 200ML	OS	25%	60.00	63.00	66.15
37584	MASK FACE ANAESTHESIA ECOMASK SIZE 5 LARGE ADULT #7095000	OS	25%	16.00	16.80	17.64
37585	MASK FACE ANAESTHESIA ECOMASK SIZE 4 MEDIUM ADULT #7094000	OS	25%	16.00	16.80	17.64
37586	MASK FACE ANAESTHESIA ECOMASK SIZE 3 SMALL ADULT #7093000	OS	25%	16.00	16.80	17.64
37593	SUTURE MONOCRYL 3-0 26MM EHTICON #W3326	OS	25%	40.00	42.00	44.10
38540	MASK LARYNGEAL SIZE 2.5 SOLUS DISPOSABLE #8002500	OS	25%	60.00	63.00	66.15
38926	BLADE F/LARYNGOSCOPE DISP. CURVED MACINTOSH SIZE 3 #7043000	OS	25%	40.00	42.00	44.10
38927	BLADE F/LARYNGOSCOPE DISP. CURVED MACINTOSH SIZE 4 #7044000	OS	25%	40.00	42.00	44.10
38989	SUTURE PROLENE 4/0 90CM BLUE ETHICON #W8557	OS	25%	40.00	42.00	44.10



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39047	AORTIC PUNCH 4.0MM QUEST #RCC-40/DP-40K	OS	25%	638.40	670.32	703.84
39094	CANNULA ARTERIAL 22FR MEDTRONIC #RA-1207/88122	OS	25%	636.48	668.30	701.72
39132	DRAPE SURGICAL COVER 150x120/175/	OS	25%	16.00	16.80	17.64
39152	CATHETER IV UMBILICAL ARTERY 4FR	OS	25%	12.00	12.60	13.23
39153	BREATHING SYSTEM PEDIATRIC 15MM #	OS	25%	40.00	42.00	44.10
39402	CUTTING LOOP ANGLED 24/26FR COLOR CODE: YELLOW # 27050G	OS	25%	280.00	294.00	308.70
39629	CLIP LIGA MEDIUM TITANIUM ETHICON #LT200	OS	25%	80.00	84.00	88.20
39748	SUTURE SILK BLACK 1 W/O NEEDLE ATRAMAT #SS1038	OS	25%	12.00	12.60	13.23
39803	DRAPE IOBAN 35x17CM INCISE 3M #6650EZ	OS	25%	32.00	33.60	35.28
40075	CATHETER GUIDING 6F .071" EBU3.5 MEDTRONIC #LA6EBU35NIC	OS	25%	806.40	846.72	889.06
40089	SLIMLINE 550 MICRON BLUE REUSABLE LUMENIS # 0624-149-55	OS	25%	3,136.00	3,292.80	3,457.44
40231	TAPE SILK ADHESIVE 2" (5CMx10M)	OS	25%	12.00	12.60	13.23
40232	TAPE SILK ADHESIVE 3" (7.50CMx10M)	OS	25%	16.00	16.80	17.64
40448	INFUSION SET 270CM MS10 #Z072910F	OS	25%	16.00	16.80	17.64
40449	EXTENSION LINE 150CM PVC #9004242/9000911	OS	25%	16.00	16.80	17.64
40453	GLOVES EXAMINATION LATEX MEDIUM P	OS	25%	0.46	0.48	0.51
40563	CHIPS CANCELLOUS 1.7-10MM 15CC OSTEOTECH #C00035	OS	25%	3,725.40	3,911.67	4,107.25
41255	BABY KIT SEBAMED	OS	25%	4.20	4.41	4.63
41425	C.V.P PRESSURE MONITORING KIT	OS	25%	40.00	42.00	44.10
42620	CUP BI-POLAR ACETABULAR (BIOMET)28MMX46MM#165216	OS	25%	3,091.20	3,245.76	3,408.05
42667	SHEARS SCALPEL 14CM ULTRACISION HARMONIC #ACE14S	OS	25%	3,306.24	3,471.55	3,645.13
42668	TAPE UMBILICAL COTTON 0.32x90CM ETHICON #U12T	OS	25%	40.00	42.00	44.10
43198	SCREW MULTIAXIAL 6.5x35MM TI #SD-75446535	OS	25%	2,738.40	2,875.32	3,019.09
43199	SCREW SET CDH LEGACY 5.5MM TI #SD-7540020	OS	25%	590.40	619.92	650.92
43544	HEAD MODULAR FEMORAL 28MM DIA, C.CHROM#163662	OS	25%	2,167.20	2,275.56	2,389.34
43611	VALVE ULTRA SMALL MEDIUM MEDTRONIC#42414	OS	25%	1,985.76	2,085.05	2,189.30
43708	SCREW SET CDH LEGACY REDUCTION#7540220	OS	25%	1,324.80	1,391.04	1,460.59
44164	GLOVES EXAMINATION VINYL MEDIUM POWDER FREE	OS	25%	0.25	0.26	0.28
44165	GLOVES EXAMINATION VINYL LARGE POWDER FREE	OS	25%	0.25	0.26	0.28



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44306	STENT D/ELUTED 3.5x15MM ENDEAVOR #ENSP35015X	OS	25%	7,776.00	8,164.80	8,573.04
44343	TROCAR DILATING TIP 12MM ETHICON #D12LT	OS	25%	1,261.44	1,324.51	1,390.74
44344	TROCAR DILATING TIP 5MM ETHICON #D5ST	OS	25%	1,066.31	1,119.63	1,175.61
44473	RISPERDAL CONSTA 37.5MG SYRINGE	OS	25%	559.21	587.17	616.53
44494	BLADE REFLEX ULTRA 45 IC WAND F/COBLATOR II #EIC4845-01	OS	25%	1,953.01	2,050.66	2,153.19
45136	SUTURE PROLENE 4/0 16MM 3/8C 75CM ATRAMAT #CE1664-75	OS	25%	24.00	25.20	26.46
45168	SCREW SET M6 VERTEX SOFAMOR #6950315	OS	25%	1,203.84	1,264.03	1,327.23
45225	BALLOON MAVERICK QUANTUM 2.75x20MM BOSTON #380802027	OS	25%	1,488.00	1,562.40	1,640.52
45270	BLANKET PEDIA CAREQUILT #CV-503-0840	OS	25%	80.00	84.00	88.20
45701	LOOP CUTTING 24 FR. ANGLED COLOR YELLOW #26050G	OS	25%	861.12	904.18	949.38
45718	BALLOON SPRINTER NC 3.5x9MM MEDTRONIC #NCSP3509X	OS	25%	1,488.00	1,562.40	1,640.52
45732	SUTURE MERSILK BLUE 8/0 75CM ETHICON #W1819	OS	25%	200.00	210.00	220.50
45747	MULTIFILTRATE KIT 6 MPS2 #5038951	OS	25%	1,920.00	2,016.00	2,116.80
46462	BALLOON SPRINTER NC 2.75x12MM MEDTRONIC #NCSP27512X	OS	25%	1,488.00	1,562.40	1,640.52
46551	SCREW BONE LOCKING 3.8x22MM #ORT-SAN-224038022	OS	25%	187.69	197.07	206.93
46662	CATHETER GUIDING 5FR JR 3.5	OS	25%	806.40	846.72	889.06
46663	CATHETER GUIDING 5FR JR 4	OS	25%	806.40	846.72	889.06
46667	CATHETER DIAGNOSTIC 5FR JR 4 100CM#5A0002	OS	25%	120.00	126.00	132.30
46669	CATHETER DIAGNOSTIC 5FR JL 4.0 100CM#5A0085	OS	25%	120.00	126.00	132.30
46671	CATHETER DIAGNOSTIC 5FR JL 3.5 # 004910/5A0084	OS	25%	120.00	126.00	132.30
46677	GLOVES SURGICAL ORTHOPAEDIC 7.5 LATEX P/FREE	OS	25%	16.00	16.80	17.64
46678	GLOVES SURGICAL ORTHOPAEDIC 8.0 LATEX P/FREE	OS	25%	16.00	16.80	17.64
46679	GLOVES SURGICAL ORTHOPAEDIC 8.5 LATEX P/FREE	OS	25%	12.00	12.60	13.23
46686	SUTURE ETHILON BLACK 9/0 13CM #W2813	OS	25%	80.00	84.00	88.20
46816	EYEFILL HIGH DISPERSIVE CROMAPHARMA	OS	25%	200.00	210.00	220.50
46855	BALLOON SPRINTER NC 2.75x9MM MEDTRONIC #NCSP27509	OS	25%	1,488.00	1,562.40	1,640.52
46922	CATHETER BALLOON KIT NEPHROSTOMY 30FR BOSTON #210-118/210-117	OS	25%	1,762.32	1,850.44	1,942.96
46925	GLOVES EXAMINATION LATEX SMALL POWDER FREE	OS	25%	0.38	0.40	0.42



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47071	NEEDLE TROCAR TWO-PART 18G DISPOSABLE COOK #090020	OS	25%	200.00	210.00	220.50
47096	BALLOON SPRINTER RX 2.0x15MM MEDTRONIC #SPR2015X	OS	25%	1,488.00	1,562.40	1,640.52
47363	SUTURE S/S MONO WIRE 7 45CM W/NDL 4S ETHICON #M624G (PKT/4)	OS	25%	80.00	84.00	88.20
47391	PHASEAL CLOSED SYSTEM SYRINGE	OS	25%	120.00	126.00	132.30
47538	PHASEAL PROTECTOR P21	OS	25%	26.60	27.93	29.33
47595	BALLOON SPRINTER NC 2.5x12MM MEDTRONIC #NCSP2512MM	OS	25%	1,488.00	1,562.40	1,640.52
47668	SLIMLINE 365 MICRON REUSABLE FIBER LUMENIS #0624-148-36	OS	25%	2,911.95	3,057.55	3,210.42
47797	NEEDLE SPINAL 25Gx3.5" STERILE #S	OS	25%	12.00	12.60	13.23
47854	SUSPENSORY (L) FUTURO (TESTICULAR) #008705	OS	25%	20.00	21.00	22.05
47882	SUTURE VICRYL VIOLET 5/0 45CM ETHICON #W9514T	OS	25%	40.00	42.00	44.10
47951	FORCEPS CAPSULORHEXIS DISPOSABLE BD #581410	OS	25%	460.32	483.34	507.50
47955	SCISSORS VANASS DISPOSABLE BD VISITEC #581422	OS	25%	478.98	502.93	528.08
48010	STENT D/ELUTED 2.25x12MM ENDEAVOR #ERES22512XX	OS	25%	7,776.00	8,164.80	8,573.04
48051	BURR HI LINE XS CRANIOTOME L:11 #GB520R	OS	25%	1,563.34	1,641.51	1,723.58
48068	IRRIGATION SET 2 WAY (TUR Y-SET) POLYMED #3053/3014	OS	25%	16.00	16.80	17.64
48161	CATHETER TRIPLE LUMEN CVC 7FR 15C	OS	25%	200.00	210.00	220.50
48216	CAUTERY EYE LOW TEMPERATURE OASIS #3501-A	OS	25%	80.00	84.00	88.20
48218	EXELON PATCH 5 [4.6 MG] X 30 PATCH	OS	25%	8.00	8.40	8.82
48307	KNIFE MVR 0.90MM 20G 45DEG ANGLED BD #376620	OS	25%	120.00	126.00	132.30
48519	WIRE PTCA RUNTRHOUGH TERUMO NS #TW-AS418XAZ	OS	25%	1,161.60	1,219.68	1,280.66
48756	SUTURE ETHIBOND 2/0 75CM ETHICON #W10B55	OS	25%	991.55	1,041.13	1,093.18
48757	SUTURE VICRYL VIOLET 2 90CM ETHICON #W9999	OS	25%	40.00	42.00	44.10
48758	SUTURE VICRYL 3-0 TAPERCUT ETHICON #W9826	OS	25%	32.00	33.60	35.28
48774	CATHETER DIAGNOSTIC 6FR 100CM IMA #6A0033	OS	25%	120.00	126.00	132.30
49235	FORCEPS MACPHERSON BD #581416	OS	25%	405.22	425.48	446.76
49406	CHOPPER NEUCLEUS IOL ANG 45D BD #585181	OS	25%	436.80	458.64	481.57
49407	CANNULA LACRIMAL 23Gx1/2" BD #585033	OS	25%	200.00	210.00	220.50
49605	IRRIGATING VECTIS 24Gx5.5MM 3-PORT #4029A	OS	25%	80.00	84.00	88.20
49606	CHAMBER MAINTAINER ANTERIOR 20Gx3MM #4300P	OS	25%	420.00	441.00	463.05



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49607	CANNULA LACRIMAL STRAIGHT CLOSED END 21Gx1.5" #6006	OS	25%	40.00	42.00	44.10
49617	SISLER LACRIMAL TREPHINE 21G DIA#585031	OS	25%	600.00	630.00	661.50
49816	HANDLE F/SUCTION TUBE YUNKAUR #153-1000	OS	25%	12.00	12.60	13.23
49842	PLATE HOOK S.S SYNTHERS #241.084	OS	25%	6,372.24	6,690.85	7,025.39
50184	CATHETER THORACIC W/O TROCAR 32CH 40CM	OS	25%	16.00	16.80	17.64
50482	SHEATH THERMOMETER WELCHALLYN #69	OS	25%	0.45	0.47	0.50
50639	TUBING CUSTOM PACK SET MEDTRONIC #M960446C	OS	25%	5,609.52	5,890.00	6,184.50
50688	BONE CANCELLOUS 15CC 4-10MM INTEGRA	OS	25%	2,856.00	2,998.80	3,148.74
50742	CATHETER DIAGNOSTIC 6FR AL2.0 100CM #6A0021	OS	25%	120.00	126.00	132.30
50814	SUTURE CHROMIC GUT 4/0 45CM W/NDL ETHICON #1653G	OS	25%	60.00	63.00	66.15
5694	NOVOPEN FINE TM 100 NEEDLES.25X6 MM 31G	OS	25%	0.57	0.60	0.63
7310	CRUCH AXILLARY ALAMINUM ADULT #44-52 INCH	OS	25%	60.00	63.00	66.15
FMANA-0009	BRACHIAL PLEXUS	OS	25%	140.00	147.00	154.35
FMANA-0010	SPINAL ANAESTHESIA	OS	25%	300.00	315.00	330.75
FMANA-0011	CAUDAL ANAESTHESIA	OS	25%	300.00	315.00	330.75
FMANAP0003	C.P.R	OS	25%	1,215.00	1,275.75	1,339.54
FMANAP0017	SUBCLAVIAN CATH. INSERTION	OS	25%	245.00	257.25	270.11
FMANAP0018	ARTERIAL LINE 0018	OS	25%	370.00	388.50	407.93
FMANAP0021	Nasogastric tube insertion	OS	25%	150.00	157.50	165.38
FMANAP0022	SUPRA-PUBIC CATHETERIZATION	OS	25%	300.00	315.00	330.75
FMANAP0060	G.A. ETT ANAESTHESIA	OS	25%	250.00	262.50	275.63
FMANAP0061	L.A ANAESTHESIA	OS	25%	500.00	525.00	551.25
FMANAP9908	ENDOTRACHEAL INTUBATION.	OS	25%	220.00	231.00	242.55
FMBED-0001	FIRSTCLASS - Accommodation	OS	25%	420.00	441.00	463.05
FMBED-00010	SUITE - Accommodation	OS	25%	900.00	945.00	992.25
FMBED-00011	ROYAL SUITE - Accommodation	OS	25%	2,000.00	2,100.00	2,205.00
FMBED-00012	NORMAL BABY CRIB - Accommodation	OS	25%	250.00	262.50	275.63
FMBED-00013	EMERGENCY - Accommodation	OS	25%	-	-	-
FMBED-00015	DELIVERY ROOM - Accommodation	OS	25%	-	-	-
FMBED-00016	INTERMEDIATE CLASS - Accommodation	OS	25%	750.00	787.50	826.88



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FMBED-00017	DAY CASE - Accommodation	OS	25%	-	-	-
FMBED-00018	NEWBORN ISOLATION - Accommodation	OS	25%	750.00	787.50	826.88
FMBED-00019	CCU - Accommodation	OS	25%	1,200.00	1,260.00	1,323.00
FMBED-0002	SECONDCLASS - Accommodation	OS	25%	300.00	315.00	330.75
FMBED-00020	SUPER DELUXE - Accommodation	OS	25%	420.00	441.00	463.05
FMBED-00021	SUITEA - Accommodation	OS	25%	700.00	735.00	771.75
FMBED-00022	SUITEB - Accommodation	OS	25%	700.00	735.00	771.75
FMBED-00023	ROYAL SUITE B - Accommodation	OS	25%	1,000.00	1,050.00	1,102.50
FMBED-00024	ROYAL SUITE A - Accommodation	OS	25%	1,000.00	1,050.00	1,102.50
FMBED-00025	STROKE UNIT - Accommodation	OS	25%	1,000.00	1,050.00	1,102.50
FMBED-0003	THIRDCLASS - Accommodation	OS	25%	200.00	210.00	220.50
FMBED-0004	ISOLATION - Accommodation	OS	25%	500.00	525.00	551.25
FMBED-0005	ICU - Accommodation	OS	25%	1,200.00	1,260.00	1,323.00
FMBED-0006	PSHYICATRIC WARD - Accommodation	OS	25%	420.00	441.00	463.05
FMBED-0007	NICU - Accommodation	OS	25%	1,100.00	1,155.00	1,212.75
FMBED-0008	TICU - Accommodation	OS	25%	500.00	525.00	551.25
FMBED-0009	PICU - Accommodation	OS	25%	1,200.00	1,260.00	1,323.00
FMCAR-0002	E.C.G.	OS	25%	90.00	94.50	99.23
FMCAR-0005	ECHO CARDIOGRAM 2D + M MODE + DOPPLER (FULL STUDY)	OS	25%	762.50	800.63	840.66
FMCAR-0006	HOLTER MONITOR 24 HOURS ECG	OS	25%	610.00	640.50	672.53
FMCAR-0007	TREADMILL EXERCISE STRESS TEST	OS	25%	610.00	640.50	672.53
FMCAR-0022	THALLIUM W/EXERCISE (FOR CARDIOLOGY)	OS	25%	2,800.00	2,940.00	3,087.00
FMCAR-0024	THALIUM W/PHARMACOLOGICAL STRESS(CARDIO)	OS	25%	1,600.00	1,680.00	1,764.00
FMCAR-0025	THALIUM EXERCISE STRESS TEST(CARDIO)	OS	25%	1,400.00	1,470.00	1,543.50
FMCARS0009	AMBULATORY BP MONITORING	OS	25%	500.00	525.00	551.25
FMCARS0021	ECHO FULL STUDY	OS	25%	650.00	682.50	716.63
FMDER-0012	WOOD'S LIGHT EXAM	OS	25%	65.00	68.25	71.66
FMDER-0033	NARROW BAND THERAPY	OS	25%	130.00	136.50	143.33



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FMDER-0090	SUBCUTANEOUS INJECTION	OS	25%	60.00	63.00	66.15
FMDER-0138	LIQUID NITROGEN APPL. SMALL	OS	25%	60.00	63.00	66.15
FMDER-0139	LIQUID NITROGEN APPL. MEDIUM	OS	25%	115.00	120.75	126.79
FMDER-0140	LIQUID NITROGEN APPL. LARGE	OS	25%	220.00	231.00	242.55
FMDER-0146	INTRALESIONAL(IL)INJ.LRGE.AREA	OS	25%	115.00	120.75	126.79
FMDER-0148	DERMOJET INJECTION-MEDIUM AREA	OS	25%	150.00	157.50	165.38
FMDER-0149	DERMOJET INJECTION-LARGE AREA	OS	25%	250.00	262.50	275.63
FMDER-1000	DAY CARE SUPERVISIONFMDER-1000	OS	25%	200.00	210.00	220.50
FMDNTC0085	DRESSING OF WOUND (LARGE)	OS	25%	112.50	118.13	124.03
FMDNTF0001	AMALGAM FILLING ONE S	OS	25%	150.00	157.50	165.38
FMDNTF0002	AMALGAM FILLING TWO S	OS	25%	200.00	210.00	220.50
FMDNTF0004	AMALGAM CORE	OS	25%	365.00	383.25	402.41
FMDNTF0007	COMPOSITE FILLING COMPOUND	OS	25%	365.00	383.25	402.41
FMDNTF0008	COMPOSITE CORE	OS	25%	490.00	514.50	540.23
FMDNTF0009	TEMPORARY FILLING	OS	25%	60.00	63.00	66.15
FMDNTF0012	FLOURIDE TREATMENT (CHILDREN) PER VISIT	OS	25%	185.00	194.25	203.96
FMDNTM0003	SCALING AND POLISHING	OS	25%	365.00	383.25	402.41
FMDNTM0004	GUM TREATMENT QUAD. (MILD)	OS	25%	490.00	514.50	540.23
FMDNTM0005	GUM TREATMENT QUAD. (MODERATE)	OS	25%	610.00	640.50	672.53
FMDNTM0006	GUM TREATMENT QUAD. (SEVERE)	OS	25%	735.00	771.75	810.34
FMDNTP0008	PORCELAIN FACING JACKET	OS	25%	735.00	771.75	810.34
FMDNTP0011	PORCELAIN CROWN (TYPE I)	OS	25%	1,000.00	1,050.00	1,102.50
FMDNTP0013	PORCELAIN CROWN (TYPE III)	OS	25%	1,700.00	1,785.00	1,874.25
FMDNTP0015	POR. JACKET PRECIOUS METAL	OS	25%	2,185.00	2,294.25	2,408.96
FMDNTP0023	CEMENTATION OF CROWN	OS	25%	60.00	63.00	66.15
FMDNTR0003	ROOT CANAL TREATMENT 3RC OR MORE	OS	25%	735.00	771.75	810.34
FMDNTR0005	ROOT CANAL TREATMENT INFECTED TOOTH 2RC	OS	25%	855.00	897.75	942.64
FMDNTR0007	RCT AND FILLING ONE RC	OS	25%	1,215.00	1,275.75	1,339.54
FMDNTR0008	RCT AND FILLING TWO RC	OS	25%	1,520.00	1,596.00	1,675.80
FMDNTR0009	RCT AND FILLING THREE RC	OS	25%	1,655.00	1,737.75	1,824.64



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FMDNTR0010	RCT DECIDIOUS MOLAR	OS	25%	555.00	582.75	611.89
FMDNTR0011	RCT DECIDIOUS TEETH	OS	25%	445.00	467.25	490.61
FMDNTR0012	PULPOTOMY (CHILDREN)	OS	25%	100.00	105.00	110.25
FMDNTR0013	READY MADE POST	OS	25%	125.00	131.25	137.81
FMDNTS0004	SIMPLE EXT. DECIDIOUS	OS	25%	125.00	131.25	137.81
FMDNTS0005	SIMPLE EXT. PERMANENT TEETH	OS	25%	185.00	194.25	203.96
FMDNTS0006	SIMPLE EXT. PRE OR POST MOLAR	OS	25%	245.00	257.25	270.11
FMDNTS0007	SIMPLE EXT. REMAINING ROOT	OS	25%	365.00	383.25	402.41
FMDNTS0008	NORMAL EXT. UPPER 3RD MOLAR	OS	25%	365.00	383.25	402.41
FMDNTS0009	NORMAL EXT. LOWER 3RD MOLAR	OS	25%	430.00	451.50	474.08
FMDNTS0010	SUR EXT. OF NORMAL TOOTH	OS	25%	490.00	514.50	540.23
FMDNTS0011	SUR. REM. OF REMAINING ROOT	OS	25%	610.00	640.50	672.53
FMDNTS0015	IMPACTED 3RD MOLAR "MOD. CASE"	OS	25%	1,820.00	1,911.00	2,006.55
FMDNTS0016	IMPACTED 3RD MOLAR "SEVERE CASE"	OS	25%	2,425.00	2,546.25	2,673.56
FMDNTS0020	INCISION FOR ERUPTING TOOTH	OS	25%	365.00	383.25	402.41
FMDNTS0125	STITCHES REMOVAL (SMALL)	OS	25%	100.00	105.00	110.25
FMDNTS0126	STITCHES REMOVAL (MEDIUM)	OS	25%	150.00	157.50	165.38
FMDNTS0260	SUR REMOVAL OF REMAINING ROOT X2	OS	25%	1,220.00	1,281.00	1,345.05
FMDNTS0264	COMPOSITE FILLING SIMPLE x 3	OS	25%	735.00	771.75	810.34
FMDNTS0297	KETAC FILLING 2 SURFACE X4	OS	25%	1,240.00	1,302.00	1,367.10
FMENDA0002	BRONCHOALVEOLAR LAVAGE	OS	25%	110.00	115.50	121.28
FMENDE0011	RECTAL SNIP EXAMINATION	OS	25%	315.00	330.75	347.29
FMENDE0025	INJECTION OF BLEEDING POINT	OS	25%	555.00	582.75	611.89
FMENDE0044	ENDOSCOPIC BRUSH CYTOLOGY	OS	25%	220.00	231.00	242.55
FMENDE0056	H-PYLORI RAPID CHECK	OS	25%	20.00	21.00	22.05
FMENDE0062	Clo Test	OS	25%	37.50	39.38	41.34
FMENDE0063	H-PYLORI BREATH TEST	OS	25%	250.00	262.50	275.63
FMENT-0005	H.A BTE DIGITAL CONTA 770	OS	25%	2,800.00	2,940.00	3,087.00
FMENTE0001	AUDIOMETRY (PURE TONE + SP)	OS	25%	293.75	308.44	323.86
FMENTE0003	AUDIOMETRY - SPEECH	OS	25%	235.00	246.75	259.09



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMENTE0005	TYMPANOMETRY	OS	25%	220.00	231.00	242.55
FMENTE0009	BRAINSTEM EVOKED RESP. A.	OS	25%	1,040.00	1,092.00	1,146.60
FMENTE0013	OTOACOUSTIC EMISSION TEST	OS	25%	340.00	357.00	374.85
FMENTE0020	CALORIC TEST FOR VERTIGO	OS	25%	490.00	514.50	540.23
FMENTE0035	CANALITH REPOSITIONING MANEUVER FOR BENIGN PAROXYSMAL POSTIO	OS	25%	420.00	441.00	463.05
FMENTE3001	EAR WASH - UNILATERAL	OS	25%	115.00	120.75	126.79
FMENTE3002	EAR WASH - BILATERAL	OS	25%	180.00	189.00	198.45
FMENTE5005	FREE FIELD AUDIOMETRY	OS	25%	385.00	404.25	424.46
FMENTL0014	SPEECH THERAPY SESSION	OS	25%	150.00	157.50	165.38
FMENTN2009	CONTROL OF EPISTAXIS BY CHEM. CAUTERIZATION - UNILATERAL	OS	25%	85.00	89.25	93.71
FMENTN2062	NASAL SINUSCOPY	OS	25%	90.00	94.50	99.23
FMENTS0005	VESTIBULAR NYSTAGMOGRAPHY	OS	25%	815.00	855.75	898.54
FMENTS0010	VESTIBULAR EVOKED MYOGENIC POTENTIALS (VEMP)	OS	25%	666.67	700.00	735.00
FMERDA0006	REMOVAL OF STITCHES	OS	25%	30.00	31.50	33.08
FMERDA0008	BURN DRESSING 5 %	OS	25%	165.00	173.25	181.91
FMERDA0012	CATHETERIZATION	OS	25%	80.00	84.00	88.20
FMERDA0013	DEEP CUT WOUND LARGE (10 - 20 STITCHES)	OS	25%	220.00	231.00	242.55
FMERDA0014	DEEP CUT WOUND MEDIUM (5 - 10 STITCHES)	OS	25%	165.00	173.25	181.91
FMERDA0015	DEEP CUT WOUND SMALL (3 - 5 STITCHES)	OS	25%	110.00	115.50	121.28
FMERDA0019	I.V. FLUID INSERTION	OS	25%	55.00	57.75	60.64
FMERDA0026	CARDIAC MONITORING(PER 30 MIN)	OS	25%	55.00	57.75	60.64
FMERDA0028	SUB.CUT WOUND MEDIUM (5 - 10 STITCHES)	OS	25%	110.00	115.50	121.28
FMERDA0029	SUB.CUT WOUND SMALL (3 - 5 STITCHES)	OS	25%	70.00	73.50	77.18
FMERDA0030	CONTROL OF EPISTAXIS BY ANTERIOR NASAL PACKING	OS	25%	280.00	294.00	308.70
FMERDA0043	GASTRIC LAVAGE STOMACH OR STOMACH WASH	OS	25%	90.00	94.50	99.23
FMERDA0044	GASTRIC LAVAGE WITH N.G.T.	OS	25%	135.00	141.75	148.84
FMERDA0051	NASAL TUBE SUNCTIONING	OS	25%	15.00	15.75	16.54
FMERDA0060	COLD COMPRESS	OS	25%	55.00	57.75	60.64
FMERDA0064	I.M. OR SUBCUTICULAR INJECTION	OS	25%	5.00	5.25	5.51
FMERDA0065	LARGE DRESSING	OS	25%	90.00	94.50	99.23
FMERDA0066	MEDIUM DRESSING	OS	25%	55.00	57.75	60.64
FMERDA0068	OXYGEN INHALATION (PER 30 MNS)	OS	25%	30.00	31.50	33.08



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMERDA0071	CODE BLUE CALL	OS	25%	165.00	173.25	181.91
FMERDA0072	SUTURING 1-3 SUTURES	OS	25%	50.00	52.50	55.13
FMERDA0075	SMALL DRESSING	OS	25%	20.00	21.00	22.05
FMERDA0091	VITAL SIGN MONITORING MULTI PARAMETER HOURLY RATE	OS	25%	100.00	105.00	110.25
FMERDC0001	AMBULANCE W/ OR W/OUT NURSE (RETURN JEDDAH)	OS	25%	165.00	173.25	181.91
FMERDC0003	AMBULANCE W/ OR W/OUT NURSE (RETURN MECCA)	OS	25%	885.00	929.25	975.71
FMERDE0001	RECOVERY/OBSERVATION PER (HR)	OS	25%	55.00	57.75	60.64
FMESWT0162	SHOCK WAVE I SESSION	OS	25%	400.00	420.00	441.00
FMICU-0002	DEFIBRILLATOR	OS	25%	210.00	220.50	231.53
FMICU-0004	INTERCOSTAL TUBE INSERTION	OS	25%	315.00	330.75	347.29
FMICU-0005	PORTABLE VENTILATOR (OXYGEN) PER HOUR	OS	25%	55.00	57.75	60.64
FMICU-0006	EPIDURAL INSERTION	OS	25%	210.00	220.50	231.53
FMICU-0012	MULTI PARAMETERFMICU-0012	OS	25%	200.00	210.00	220.50
FMICU-0013	TWIN PUMP AMBU BAG /USE	OS	25%	25.00	26.25	27.56
FMICU-0042	CHEST PHYSIOTHERAPY	OS	25%	75.00	78.75	82.69
FMICU-0104	NEB. PER SESSION	OS	25%	77.00	80.85	84.89
FMICU-0120	ABG EXTRACTION	OS	25%	20.00	21.00	22.05
FMICU-2130	CHEST PHYSIOTHERAPY.	OS	25%	75.00	78.75	82.69
FMINT-0075	NEBULIZER A/C VENTOLIN	OS	25%	50.00	52.50	55.13
FMINT-0076	PULSE OXYMETER	OS	25%	30.00	31.50	33.08
FMINT-0097	RESPIROMETRY,PRE & POST BRONCHODILATOR	OS	25%	30.00	31.50	33.08
FMINT-1003	HEMODIALYSIS SESSION - HRH FAHAD BIN SALMAN	OS	25%	388.89	408.33	428.75
FMINT-1007	BIOHIT CELIAC QUICK TEST	OS	25%	450.00	472.50	496.13
FMLAB-0094	T. CHOLESTEROL + TRIGLYCERIDES	OS	25%	120.00	126.00	132.30
FMLAB-1006	PLATELET CONCENTRATE 1006	OS	25%	3,000.00	3,150.00	3,307.50
FMLAB-1009	WHOLE BLOOD 500 ML RH.POSITIVE UNIT	OS	25%	1,250.00	1,312.50	1,378.13
FMLAB-1013	ANTI-BODY SCREENING	OS	25%	150.00	157.50	165.38
FMLAB-1014	ANTI-THROMBIN III	OS	25%	150.00	157.50	165.38
FMLAB-1015	BL.Gr. + RH ABO	OS	25%	60.00	63.00	66.15
FMLAB-1016	BLEEDING TIME (B.T) TEMPLATE	OS	25%	50.00	52.50	55.13
FMLAB-1018	BLOOD FILM FOR MALARIA	OS	25%	50.00	52.50	55.13
FMLAB-1022	CBC (COMPLETE BLOOD COUNT)	OS	25%	80.00	84.00	88.20



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-1023	CBC WITH AUTOMATED DIFF.	OS	25%	90.00	94.50	99.23
FMLAB-1024	CLOTTING TIME (C.T)	OS	25%	40.00	42.00	44.10
FMLAB-1025	FACTOR V	OS	25%	220.00	231.00	242.55
FMLAB-1033	COOMBS TEST-DIRECT	OS	25%	60.00	63.00	66.15
FMLAB-1034	COOMBS TEST-INDIRECT	OS	25%	60.00	63.00	66.15
FMLAB-1035	CROSS MATCHING	OS	25%	100.00	105.00	110.25
FMLAB-1038	ESR	OS	25%	40.00	42.00	44.10
FMLAB-1042	FIBRINOGEN	OS	25%	150.00	157.50	165.38
FMLAB-1043	FRESH FROZEN PLASMA (FFP)	OS	25%	400.00	420.00	441.00
FMLAB-1044	HB.	OS	25%	60.00	63.00	66.15
FMLAB-1051	OSMOTIC FRAGILITY TEST (QUANTITATIVE)	OS	25%	320.00	336.00	352.80
FMLAB-1052	PACKED RED BLOOD CELLS RH POS. UNIT	OS	25%	1,700.00	1,785.00	1,874.25
FMLAB-1053	PACKED RED BLOOD CELLS RH NEG. UNIT	OS	25%	833.33	875.00	918.75
FMLAB-1054	PARTIAL THROMBOPLASTIN TIME (PTT)	OS	25%	70.00	73.50	77.18
FMLAB-1055	PERIODIC ACID-SCHIFF (PAS) STAIN	OS	25%	245.00	257.25	270.11
FMLAB-1058	PLATELET COUNT	OS	25%	85.00	89.25	93.71
FMLAB-1063	PROTEIN C	OS	25%	380.00	399.00	418.95
FMLAB-1064	PROTEIN S	OS	25%	380.00	399.00	418.95
FMLAB-1065	PROTHROMBIN TIME (P.T) W/ INR	OS	25%	70.00	73.50	77.18
FMLAB-1066	RETICULOCYTE COUNT	OS	25%	40.00	42.00	44.10
FMLAB-1067	RH-ANTIBODY TITRE	OS	25%	150.00	157.50	165.38
FMLAB-1069	SICKLING TEST	OS	25%	60.00	63.00	66.15
FMLAB-1071	THERAPEUTIC PLASMA EXCHANGE (TPE)	OS	25%	2,310.00	2,425.50	2,546.78
FMLAB-1072	THROMBIN TIME	OS	25%	95.00	99.75	104.74
FMLAB-1073	WBCs TOTAL & DIFF	OS	25%	80.00	84.00	88.20
FMLAB-1075	LEUKOCYTE FILTER	OS	25%	150.00	157.50	165.38
FMLAB-1083	FOLLOW UP - CBC	OS	25%	40.00	42.00	44.10
FMLAB-1084	D-DIMER	OS	25%	430.00	451.50	474.08
FMLAB-1087	LEUCOCYTE COUNT (TOTAL)	OS	25%	40.00	42.00	44.10
FMLAB-1098	VENESECTION	OS	25%	90.00	94.50	99.23
FMLAB-1100	PLATELET CONCENTRATE (3 UNITS)	OS	25%	2,000.00	2,100.00	2,205.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-1101	PLATELET CONCENTRATE (1 UNIT)	OS	25%	667.00	700.35	735.37
FMLAB-1113	INHALATION PANEL 20	OS	25%	1,100.00	1,155.00	1,212.75
FMLAB-1529	COPPER (URINE 24HR)	OS	25%	200.00	210.00	220.50
FMLAB-1533	IGF-1 (SOMATOMEDIN C)	OS	25%	720.00	756.00	793.80
FMLAB-1546	HISTOPATHOLOGY ONE SPECIMEN (KFH)	OS	25%	2,000.00	2,100.00	2,205.00
FMLAB-1558	ANTI MULLERIAN ANTI BODIES	OS	25%	640.00	672.00	705.60
FMLAB-1563	ANTI-TISSUE TRANSGLUTAMINASE IgA	OS	25%	450.00	472.50	496.13
FMLAB-1572	BCL2 - FISH	OS	25%	6,000.00	6,300.00	6,615.00
FMLAB-1575	IRON PROFILE	OS	25%	488.00	512.40	538.02
FMLAB-1579	FOOD PANEL GULF	OS	25%	1,202.00	1,262.10	1,325.21
FMLAB-1585	ENDOMYSIUM IgG	OS	25%	450.00	472.50	496.13
FMLAB-1588	LEVETIRAZETAM LEVEL	OS	25%	600.00	630.00	661.50
FMLAB-1595	K-RAS GENE ANALYSIS	OS	25%	6,000.00	6,300.00	6,615.00
FMLAB-1601	INBORN ERRORS OF METABOLISM(BIOSCIENTIA)	OS	25%	800.00	840.00	882.00
FMLAB-1612	LIVER FIBROSIS TEST	OS	25%	2,000.00	2,100.00	2,205.00
FMLAB-1616	CALPROTECTIN in FAECES	OS	25%	600.00	630.00	661.50
FMLAB-1619	HISTOPATHOLOGY MEDIUM SPECIMEN	OS	25%	900.00	945.00	992.25
FMLAB-1620	ONCOTYPE DX BREAST	OS	25%	30,000.00	31,500.00	33,075.00
FMLAB-1622	ALBUMIN CREATININE RATIO (ACR)	OS	25%	300.00	315.00	330.75
FMLAB-1628	MALARIA ANTIGEN DETECTION	OS	25%	90.00	94.50	99.23
FMLAB-1632	LBC (LIQUID BASED CYTOLOGY)	OS	25%	500.00	525.00	551.25
FMLAB-1640	AUTOMATED AXILLA C/S	OS	25%	350.00	367.50	385.88
FMLAB-1642	AUTOMATED BODY FLUID C/S	OS	25%	350.00	367.50	385.88
FMLAB-1644	AUTOMATED CSF C/S	OS	25%	350.00	367.50	385.88
FMLAB-1646	AUTOMATED EAR C/S	OS	25%	350.00	367.50	385.88
FMLAB-1649	AUTOMATED EYE C/S	OS	25%	350.00	367.50	385.88
FMLAB-1650	AUTOMATED FUNGUS CULTURE	OS	25%	350.00	367.50	385.88
FMLAB-1651	AUTOMATED GROIN C/S	OS	25%	350.00	367.50	385.88
FMLAB-1653	AUTOMATED MOUTH C/S	OS	25%	350.00	367.50	385.88



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-1654	AUTOMATED MRSA SCREEN (CULTURE)	OS	25%	610.00	640.50	672.53
FMLAB-1655	AUTOMATED NASAL C/S	OS	25%	350.00	367.50	385.88
FMLAB-1658	AUTOMATED SEMEN C/S	OS	25%	350.00	367.50	385.88
FMLAB-1660	AUTOMATED STOOL C/S	OS	25%	380.00	399.00	418.95
FMLAB-1662	AUTOMATED SWAB FOR INFECTION CONTROL (AXILLA)	OS	25%	350.00	367.50	385.88
FMLAB-1663	AUTOMATED SWAB FOR INFECTION CONTROL (GROIN)	OS	25%	350.00	367.50	385.88
FMLAB-1666	AUTOMATED TB CULTURE ONLY	OS	25%	950.00	997.50	1,047.38
FMLAB-1669	AUTOMATED THROAT C/S	OS	25%	350.00	367.50	385.88
FMLAB-1670	AUTOMATED URETHRAL C/S	OS	25%	350.00	367.50	385.88
FMLAB-1673	PT and PTT	OS	25%	300.00	315.00	330.75
FMLAB-1675	TOXOPLASMA[IgG, IgM]	OS	25%	600.00	630.00	661.50
FMLAB-1676	RUBELLA[IgG, IgM]	OS	25%	600.00	630.00	661.50
FMLAB-1677	LIVER FUNCTION TESTS	OS	25%	340.00	357.00	374.85
FMLAB-1685	TB by PCR and TB CULTURE	OS	25%	4,000.00	4,200.00	4,410.00
FMLAB-1704	BODY FLUID HEMOGLOBIN	OS	25%	150.00	157.50	165.38
FMLAB-1706	Aspergillus IgG & IgM	OS	25%	1,000.00	1,050.00	1,102.50
FMLAB-1722	HISTOPATHOLOGY 3 SPECIAL STAINS	OS	25%	1,800.00	1,890.00	1,984.50
FMLAB-1725	C1-ESTERASE INHIBITOR(PROTEIN)	OS	25%	188.33	197.75	207.63
FMLAB-1728	ADAMTS-13	OS	25%	600.00	630.00	661.50
FMLAB-2001	A.G. RATIO	OS	25%	60.00	63.00	66.15
FMLAB-2003	ALBUMIN	OS	25%	60.00	63.00	66.15
FMLAB-2005	ALKALINE PHOSPHATASE	OS	25%	60.00	63.00	66.15
FMLAB-2006	AMMONIA	OS	25%	230.00	241.50	253.58
FMLAB-2007	AMYLASE	OS	25%	50.00	52.50	55.13
FMLAB-2008	BICARBONATE	OS	25%	190.00	199.50	209.48
FMLAB-2009	BILIRUBIN DIRECT & TOTAL	OS	25%	95.00	99.75	104.74
FMLAB-2010	BILIRUBIN DIRECT	OS	25%	60.00	63.00	66.15
FMLAB-2011	BILIRUBIN TOTAL	OS	25%	50.00	52.50	55.13
FMLAB-2012	BLOOD GASES & pH(ABG)	OS	25%	170.00	178.50	187.43
FMLAB-2013	C.K. (CPK)	OS	25%	110.00	115.50	121.28
FMLAB-2014	C.K MB	OS	25%	110.00	115.50	121.28



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-2015	CALCIUM	OS	25%	80.00	84.00	88.20
FMLAB-2017	CHOLESTEROL	OS	25%	60.00	63.00	66.15
FMLAB-2018	CHOLESTEROL (HDL)	OS	25%	80.00	84.00	88.20
FMLAB-2019	LIPID PROFILE (CHOLESTEROL TRIGLYCERIDE` HDL& LDL)	OS	25%	350.00	367.50	385.88
FMLAB-2021	COMPLEMENT C3	OS	25%	265.00	278.25	292.16
FMLAB-2022	COMPLEMENT C4	OS	25%	265.00	278.25	292.16
FMLAB-2023	CREATININE	OS	25%	70.00	73.50	77.18
FMLAB-2024	CREATININE CLEARANCE	OS	25%	150.00	157.50	165.38
FMLAB-2028	ELECTROLYTE CHLORIDE	OS	25%	60.00	63.00	66.15
FMLAB-2029	ELECTROLYTE SODIUM	OS	25%	60.00	63.00	66.15
FMLAB-2030	ELECTROLYTE POTASSIUM	OS	25%	60.00	63.00	66.15
FMLAB-2031	ELECTROLYTES NA & K	OS	25%	120.00	126.00	132.30
FMLAB-2033	ELECTROPHORESIS S.PROTEIN	OS	25%	145.00	152.25	159.86
FMLAB-2034	HAEMOGLOBIN ELECTROPHORESIS	OS	25%	145.00	152.25	159.86
FMLAB-2037	GGT	OS	25%	90.00	94.50	99.23
FMLAB-2038	G6PDH (QUANTITATIVE)	OS	25%	165.00	173.25	181.91
FMLAB-2039	G6PDH(Qualitative)	OS	25%	115.00	120.75	126.79
FMLAB-2040	GLUCOSE "RBS"	OS	25%	50.00	52.50	55.13
FMLAB-2041	GLUCOSE "FBS"	OS	25%	50.00	52.50	55.13
FMLAB-2042	GLUCOSE "PPBS"	OS	25%	50.00	52.50	55.13
FMLAB-2043	GLUCOSE "FBS & PPBS"	OS	25%	100.00	105.00	110.25
FMLAB-2044	GLUCOSE "FBS & RBS & PPBS"	OS	25%	50.00	52.50	55.13
FMLAB-2045	GLUCOSE TOLERANCE TEST (OGTT)	OS	25%	200.00	210.00	220.50
FMLAB-2046	GLYCOSYLATED HB. (HB A1C)	OS	25%	120.00	126.00	132.30
FMLAB-2048	IMMUNOGLOBULIN A. (IgA)	OS	25%	200.00	210.00	220.50
FMLAB-2049	IMMUNOGLOBULIN G. (IgG)	OS	25%	220.00	231.00	242.55
FMLAB-2050	IMMUNOGLOBULIN M.	OS	25%	220.00	231.00	242.55
FMLAB-2051	IMMUNOGLOBULIN E.(IgE)	OS	25%	220.00	231.00	242.55
FMLAB-2053	IRON	OS	25%	60.00	63.00	66.15
FMLAB-2054	LDH (LACTATE DEHYDROGENASE)	OS	25%	190.00	199.50	209.48
FMLAB-2055	LIPASE	OS	25%	110.00	115.50	121.28
FMLAB-2056	MAGNESIUM	OS	25%	50.00	52.50	55.13
FMLAB-2057	MICROALBUMINURIA	OS	25%	85.00	89.25	93.71



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
FMLAB-2058	OCCULT BLOOD IN STOOL	OS	25%	40.00	42.00	44.10
FMLAB-2059	OSMOLALITY (URINE OR SERUM OR FLUID)	OS	25%	200.00	210.00	220.50
FMLAB-2060	PHOSPHORUS	OS	25%	50.00	52.50	55.13
FMLAB-2063	PREGNANCY TEST SERUM	OS	25%	150.00	157.50	165.38
FMLAB-2064	SGOT (AST)	OS	25%	50.00	52.50	55.13
FMLAB-2065	SGPT (ALT)	OS	25%	50.00	52.50	55.13
FMLAB-2067	STONE ANALYSIS	OS	25%	220.00	231.00	242.55
FMLAB-2068	STOOL ANALYSIS	OS	25%	55.00	57.75	60.64
FMLAB-2069	TOTAL IRON BINDING CAPACITY (T.I.B.C)	OS	25%	100.00	105.00	110.25
FMLAB-2070	TOTAL PROTEINS	OS	25%	50.00	52.50	55.13
FMLAB-2072	TRIGLYCERIDES	OS	25%	120.00	126.00	132.30
FMLAB-2073	UREA	OS	25%	60.00	63.00	66.15
FMLAB-2075	URIC ACID	OS	25%	60.00	63.00	66.15
FMLAB-2077	URINE ANALYSIS	OS	25%	35.00	36.75	38.59
FMLAB-2078	URINE ALBUMIN (24 Hours)	OS	25%	100.00	105.00	110.25
FMLAB-2082	URINE CALCIUM (24 HOURS)	OS	25%	90.00	94.50	99.23
FMLAB-2083	URINE CREATININE	OS	25%	90.00	94.50	99.23
FMLAB-2084	URINE KETONES	OS	25%	40.00	42.00	44.10
FMLAB-2085	URINE SUGAR	OS	25%	30.00	31.50	33.08
FMLAB-2086	URINE SODIUM	OS	25%	60.00	63.00	66.15
FMLAB-2087	URINE POTASSIUM	OS	25%	60.00	63.00	66.15
FMLAB-2089	URINE URIC ACID	OS	25%	100.00	105.00	110.25
FMLAB-2091	URINE CHLORIDE	OS	25%	80.00	84.00	88.20
FMLAB-2095	KETONES AND SUGAR IN URINE	OS	25%	40.00	42.00	44.10
FMLAB-2096	C.K. ISOENZYME	OS	25%	120.00	126.00	132.30
FMLAB-2100	IONIZED CALCIUM	OS	25%	340.00	357.00	374.85
FMLAB-2109	REDUCING SUBSTANCE (FAECES OR URINE) CHROMATOGRAPHY	OS	25%	485.00	509.25	534.71
FMLAB-2121	DELIVERY INVESTIGATIONS	OS	25%	700.00	735.00	771.75
FMLAB-2123	FOOD PANEL 20	OS	25%	1,100.00	1,155.00	1,212.75
FMLAB-2127	AMINO ACIDS IN PLASMA(KFSH)	OS	25%	1,560.00	1,638.00	1,719.90
FMLAB-2133	IMMUNOHISTOCHEMISTRY PANEL (12 MARKERS)	OS	25%	5,200.00	5,460.00	5,733.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-2134	IMMUNOHISTOCHEMISTRY PANEL (15 MARKERS)	OS	25%	5,000.00	5,250.00	5,512.50
FMLAB-2135	AFB SMEAR 3 SUCCESSIVE SAMPLES	OS	25%	300.00	315.00	330.75
FMLAB-2136	PT + PTT + MIXED STUDY	OS	25%	70.00	73.50	77.18
FMLAB-2138	HIV-Ag/ABS (COMBO)	OS	25%	300.00	315.00	330.75
FMLAB-2146	IMMUNOHISTOCHEMISTRY PANEL (21 MARKERS)	OS	25%	7,000.00	7,350.00	7,717.50
FMLAB-3003	AFP (ALPHA FETOPROTEIN)	OS	25%	220.00	231.00	242.55
FMLAB-3004	CEA	OS	25%	315.00	330.75	347.29
FMLAB-3005	CA 125	OS	25%	320.00	336.00	352.80
FMLAB-3006	CA 15-3	OS	25%	320.00	336.00	352.80
FMLAB-3007	CA 19-9	OS	25%	320.00	336.00	352.80
FMLAB-3009	CORTISOL (A.M.)	OS	25%	160.00	168.00	176.40
FMLAB-3010	ESTRADIOL (E2)	OS	25%	200.00	210.00	220.50
FMLAB-3012	F.S.H.	OS	25%	200.00	210.00	220.50
FMLAB-3013	FERRITIN	OS	25%	200.00	210.00	220.50
FMLAB-3015	FREE T4	OS	25%	160.00	168.00	176.40
FMLAB-3016	BETA HCG	OS	25%	150.00	157.50	165.38
FMLAB-3017	HGH (HUMAN GROWTH HORMONE)	OS	25%	200.00	210.00	220.50
FMLAB-3018	INSULIN (S)	OS	25%	232.00	243.60	255.78
FMLAB-3019	LH (LUTEINISING HORMONE)	OS	25%	200.00	210.00	220.50
FMLAB-3020	PROGESTERONE	OS	25%	200.00	210.00	220.50
FMLAB-3021	PROLACTIN (PRL)	OS	25%	200.00	210.00	220.50
FMLAB-3022	PSA.TOTAL	OS	25%	310.00	325.50	341.78
FMLAB-3023	T.S.H.	OS	25%	160.00	168.00	176.40
FMLAB-3025	T4	OS	25%	152.00	159.60	167.58
FMLAB-3028	TESTOSTERONE	OS	25%	200.00	210.00	220.50
FMLAB-3029	THYROID PROFILE (TSH FT3 & FT4)	OS	25%	600.00	630.00	661.50
FMLAB-3030	VITMIN B12 (CYANOCOBALAMINE)	OS	25%	300.00	315.00	330.75
FMLAB-3031	NEONATAL TSH	OS	25%	250.00	262.50	275.63
FMLAB-3032	NEONATAL T4	OS	25%	250.00	262.50	275.63
FMLAB-3034	FREE P.S.A.	OS	25%	330.00	346.50	363.83
FMLAB-3044	CORTISOL (P.M.)	OS	25%	160.00	168.00	176.40
FMLAB-4007	CARBAMAZEPINE (TEGRETOL)	OS	25%	200.00	210.00	220.50



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-4008	CLONAZEPAM (RIVOTRIL)	OS	25%	335.00	351.75	369.34
FMLAB-4010	complete drug screen	OS	25%	950.00	997.50	1,047.38
FMLAB-4012	DIGOXIN (LANOXIN)	OS	25%	200.00	210.00	220.50
FMLAB-4015	PHENOBARBITONE	OS	25%	235.00	246.75	259.09
FMLAB-4016	PHENYTOIN	OS	25%	235.00	246.75	259.09
FMLAB-4020	VALPROIC ACID (DEPAKIN)	OS	25%	180.00	189.00	198.45
FMLAB-4030	OLIGOCLONAL BAND	OS	25%	400.00	420.00	441.00
FMLAB-5001	ANA (ANTI-NUCLEAR ABS)	OS	25%	220.00	231.00	242.55
FMLAB-5002	A.S.O TITER	OS	25%	150.00	157.50	165.38
FMLAB-5004	ANTI-MITOCHONDRIAL SUBTYPE M 1-9	OS	25%	164.00	172.20	180.81
FMLAB-5005	ANTI CMV IgG	OS	25%	315.00	330.75	347.29
FMLAB-5006	ANTI CMV IgM	OS	25%	315.00	330.75	347.29
FMLAB-5007	ANTI RUBELLA IgG	OS	25%	150.00	157.50	165.38
FMLAB-5008	ANTI RUBELLA IgM	OS	25%	150.00	157.50	165.38
FMLAB-5009	ANTI TOXOPLASMA IgG	OS	25%	200.00	210.00	220.50
FMLAB-5010	TOXOPLASMA IgM	OS	25%	250.00	262.50	275.63
FMLAB-5011	ANTI DNA DOUBLE STRAND	OS	25%	275.00	288.75	303.19
FMLAB-5012	ANTI-SMOOTH MUSCLE	OS	25%	275.00	288.75	303.19
FMLAB-5013	ANTI-HAV TOTAL	OS	25%	165.00	173.25	181.91
FMLAB-5014	ANTI-HAV IgM	OS	25%	220.00	231.00	242.55
FMLAB-5015	ANTI-HBc TOTAL (HBC Abs)	OS	25%	165.00	173.25	181.91
FMLAB-5016	ANTI-HBc IgM	OS	25%	220.00	231.00	242.55
FMLAB-5017	ANTI-HEPATITIS C (HCV)	OS	25%	315.00	330.75	347.29
FMLAB-5022	BRUCELLA ABS.(Titer)	OS	25%	145.00	152.25	159.86
FMLAB-5023	C.R.P.	OS	25%	80.00	84.00	88.20
FMLAB-5027	EBV IgM	OS	25%	400.00	420.00	441.00
FMLAB-5028	ECHINOCOCCUS ABS (HYDATID)	OS	25%	200.00	210.00	220.50
FMLAB-5030	HBe - Ag	OS	25%	165.00	173.25	181.91
FMLAB-5031	HBe - ABS (ANTI-HBe)	OS	25%	165.00	173.25	181.91
FMLAB-5032	HBs - ABS (ANTI-HBs)	OS	25%	165.00	173.25	181.91
FMLAB-5033	HBs- Ag	OS	25%	165.00	173.25	181.91
FMLAB-5039	HERPES (IgG) ABS	OS	25%	128.00	134.40	141.12



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-5040	HERPES II (IgG) ABS	OS	25%	128.00	134.40	141.12
FMLAB-5041	HERPES VIRUS IGG (TOTAL)	OS	25%	220.00	231.00	242.55
FMLAB-5042	HERPES VIRUS IGM (TOTAL)	OS	25%	250.00	262.50	275.63
FMLAB-5043	HIV	OS	25%	300.00	315.00	330.75
FMLAB-5047	MONONUCLEOSIS (PAUL BUNNEL) (MONO SPOT)	OS	25%	95.00	99.75	104.74
FMLAB-5048	MYCOPLASMA ABS	OS	25%	460.00	483.00	507.15
FMLAB-5049	R.P.R. OR VDRL	OS	25%	80.00	84.00	88.20
FMLAB-5050	RF (RHEUMATOID FACTOR)	OS	25%	145.00	152.25	159.86
FMLAB-5051	ROTA VIRUS AG IN STOOL	OS	25%	120.00	126.00	132.30
FMLAB-5052	SCHISTOSOMA ABS (BILHARZIAL ABS)	OS	25%	165.00	173.25	181.91
FMLAB-5057	WIDAL TEST	OS	25%	165.00	173.25	181.91
FMLAB-5062	HERPES I IgM	OS	25%	250.00	262.50	275.63
FMLAB-5063	HERPES II IgM	OS	25%	245.00	257.25	270.11
FMLAB-5065	HBsAg & HCV Ab	OS	25%	350.00	367.50	385.88
FMLAB-5067	CMV ANTIBODY (IgM+IgG)	OS	25%	580.00	609.00	639.45
FMLAB-5068	BRUCELLA (IgG,IgM)	OS	25%	300.00	315.00	330.75
FMLAB-5083	PARVO VIRUS IGM	OS	25%	275.00	288.75	303.19
FMLAB-5085	HELICOBACTER PYLORI Ag IN STOOL	OS	25%	220.00	231.00	242.55
FMLAB-5087	ANTI-CCP (CYCLIC CITRULLINATED PEPTIDE)	OS	25%	349.00	366.45	384.77
FMLAB-5294	SEROLOGY SCREENING (FMLAB-5294)	OS	25%	300.00	315.00	330.75
FMLAB-6001	AFB (ACID FAST BACILLI) SMEAR	OS	25%	110.00	115.50	121.28
FMLAB-6008	GRAM SMEAR	OS	25%	60.00	63.00	66.15
FMLAB-6010	K.O.H. PREP. (FUNGUS EXAMINATION)	OS	25%	60.00	63.00	66.15
FMLAB-6014	SEmen ANALYSIS	OS	25%	150.00	157.50	165.38
FMLAB-6022	TUBERCULIN TEST	OS	25%	100.00	105.00	110.25
FMLAB-6024	AUTOMATED URINE C/S	OS	25%	150.00	157.50	165.38
FMLAB-6025	WET SMEAR EXAMINATION	OS	25%	100.00	105.00	110.25
FMLAB-6038	RESPIRATORY SYNCYTIAL VIRUS (RSV).	OS	25%	286.00	300.30	315.32
FMLAB-6065	IMMUNOHISTOCHEMISTRY PANEL (24 MARKERS)	OS	25%	8,000.00	8,400.00	8,820.00
FMLAB-6067	IMMUNOHISTOCHEMISTRY PANEL (30 MARKER)	OS	25%	13,000.00	13,650.00	14,332.50
FMLAB-6070	COMPLEX PSA STRUCTURE (C-PSA,PSA RATIO,TOTAL PSA)	OS	25%	600.00	630.00	661.50
FMLAB-6076	GLUCOSE(F.B.S+AFTER ORAL GLUCOSE LOAD)	OS	25%	130.00	136.50	143.33



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FMLAB-6077	GROWTH HORMONE (B)	OS	25%	339.00	355.95	373.75
FMLAB-6078	GROWTH HORMONE (D)	OS	25%	339.00	355.95	373.75
FMLAB-6080	OSMOLALITY (SERUM)	OS	25%	229.00	240.45	252.47
FMLAB-7001	ANTI-NATAL PROF.:RUB,TOXO,VDRL AIDS,CBC,	OS	25%	1,627.00	1,708.35	1,793.77
FMLAB-7003	ASCITIC FLUID PROFILE	OS	25%	495.00	519.75	545.74
FMLAB-7005	C.S.F. PROFILE	OS	25%	385.00	404.25	424.46
FMLAB-7006	CARDIAC ENZYMES PROFILE:	OS	25%	500.00	525.00	551.25
FMLAB-7007	HEPATIC PROFILE (1) TOTAL BILISGOT	OS	25%	450.00	472.50	496.13
FMLAB-7008	HEPATIC PROFILE (2) TPP.ELEC	OS	25%	350.00	367.50	385.88
FMLAB-7014	NEONATAL PROFILE BL.GRP O	OS	25%	311.00	326.55	342.88
FMLAB-7016	OR PROFILE I CHILD UP TO 6 YR CBC,ABO&R	OS	25%	540.00	567.00	595.35
FMLAB-7017	OR PROFILE II UP TO 40 YRS CBC K'NA`HBsA	OS	25%	630.00	661.50	694.58
FMLAB-7018	OR PROFILE III MJR UP TO 40YRS CBC,K,NA,	OS	25%	800.00	840.00	882.00
FMLAB-7019	OR PROFILE IV MJR(OVER 40 YRS) CBC`K'NA`	OS	25%	1,080.00	1,134.00	1,190.70
FMLAB-7020	PLEURAL FLUID PROFILE	OS	25%	350.00	367.50	385.88
FMLAB-7022	RENAL PROFILE UREACREA	OS	25%	350.00	367.50	385.88
FMLAB-7023	RHEUMATOLOGY PROFILE RF`CRP`AS	OS	25%	350.00	367.50	385.88
FMLAB-7025	TORCH TEST PROFILE TOXO` RUB	OS	25%	1,480.00	1,554.00	1,631.70
FMLAB-7046	DIABETIC CHECK UP	OS	25%	1,513.00	1,588.65	1,668.08
FMLAB-7084	THYROID PROFILE 1	OS	25%	400.00	420.00	441.00
FMLAB-8001	ASPIRATION BIOPSY CYTOLOGY	OS	25%	350.00	367.50	385.88
FMLAB-8002	BODY FLUID CYTOLOGY	OS	25%	200.00	210.00	220.50
FMLAB-8003	CYTOLGY - PAP SMEAR	OS	25%	200.00	210.00	220.50
FMLAB-8009	HISTOPATH/BIOPSY SMALL SPECIM.	OS	25%	400.00	420.00	441.00
FMLAB-8010	HISTOPATHOLOGY/BIOPSY LARGE	OS	25%	1,200.00	1,260.00	1,323.00
FMLAB-8011	SLIDE SCREENING REFERRAL	OS	25%	290.00	304.50	319.73
FMLAB-8016	HISTOPATH 2 SMALL SPECIMEN	OS	25%	525.00	551.25	578.81
FMLAB-8054	OR PROFILE V	OS	25%	525.00	551.25	578.81
FMLAB-8079	LYMPH CHROMO. REFERAL	OS	25%	3,200.00	3,360.00	3,528.00
FMLAB-8085	CSF REPORT	OS	25%	230.00	241.50	253.58



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FMLAB-8087	BODY FLUID REPORT	OS	25%	230.00	241.50	253.58
FMLAB-9004	ACETYLCHOLINE RECEPTOR ANTIBODIES	OS	25%	830.00	871.50	915.08
FMLAB-9005	ACTH-ADRENOCORTICOTROPHIC HORMONE	OS	25%	385.00	404.25	424.46
FMLAB-9006	ADRENALINE (U or S)	OS	25%	745.00	782.25	821.36
FMLAB-9007	ALDOLASE	OS	25%	152.00	159.60	167.58
FMLAB-9008	ALDOSTERONE (S or U)	OS	25%	392.00	411.60	432.18
FMLAB-9014	AMINO ACID (QUANT) IN URINE OR BLOOD	OS	25%	2,090.00	2,194.50	2,304.23
FMLAB-9019	ANTI-LIVER SPEC.PROTEIN ABS (LSP)	OS	25%	475.00	498.75	523.69
FMLAB-9026	PTH-INTACT (PARATHORMONE)	OS	25%	220.00	231.00	242.55
FMLAB-9029	CARDIOLIPIN ABS (ACA)	OS	25%	416.00	436.80	458.64
FMLAB-9032	CATECHOLAMINE (U) (INCLUDES ADRENALIN & NORADRE	OS	25%	745.00	782.25	821.36
FMLAB-9034	CERULOPLASMIN (S)	OS	25%	100.00	105.00	110.25
FMLAB-9039	chromosome analysis	OS	25%	1,683.00	1,767.15	1,855.51
FMLAB-9044	COMPLIMENT-C 1 ESTERASE INHIBITOR OR DECAY	OS	25%	232.00	243.60	255.78
FMLAB-9045	COPPER (U)	OS	25%	232.00	243.60	255.78
FMLAB-9046	LEAD (B` U)	OS	25%	385.00	404.25	424.46
FMLAB-9048	CYCLOSPORIN ASSAY	OS	25%	475.00	498.75	523.69
FMLAB-9059	EXTRACTABLE NUCLEAR ABS (ENA) (ANTI RNP` ANTI SM)	OS	25%	475.00	498.75	523.69
FMLAB-9062	FOLIC ACID (S)	OS	25%	220.00	231.00	242.55
FMLAB-9065	FREE T3 (FREE TRIIODOTHYRONINE)	OS	25%	200.00	210.00	220.50
FMLAB-9071	HAPTOGLOBIN	OS	25%	152.00	159.60	167.58
FMLAB-9077	HLA B 27	OS	25%	800.00	840.00	882.00
FMLAB-9080	5 - HIAA (5-HYDROXY INDOLE ACETIC ACID)	OS	25%	265.00	278.25	292.16
FMLAB-9081	IMMUNOELECTROPHORESIS	OS	25%	900.00	945.00	992.25
FMLAB-9083	INSULIN C-PEPTIDE	OS	25%	350.00	367.50	385.88
FMLAB-9085	INSULIN ABS	OS	25%	235.00	246.75	259.09
FMLAB-9088	LIVER KIDNEY MICROSOMAL ABS (LKM)	OS	25%	300.00	315.00	330.75
FMLAB-9089	LONG ACTING THYROID STIMULATOR ABS THYROID RECEPT	OS	25%	670.00	703.50	738.68
FMLAB-9092	METANEPHRINE	OS	25%	670.00	703.50	738.68
FMLAB-9093	THYROID MICROSOMAL ABS (ANTI.TPO)	OS	25%	315.00	330.75	347.29
FMLAB-9110	HCV GENOTYPING	OS	25%	990.00	1,039.50	1,091.48



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FMLAB-9120	RENIN (P)	OS	25%	310.00	325.50	341.78
FMLAB-9126	T3 UPTAKE	OS	25%	128.00	134.40	141.12
FMLAB-9130	TESTOSTERONE (FREE)	OS	25%	360.00	378.00	396.90
FMLAB-9131	THYROGLOBULIN ABS.	OS	25%	120.00	126.00	132.30
FMLAB-9132	THYROID STIMULATING IMMUNOGLOBULIN	OS	25%	600.00	630.00	661.50
FMLAB-9135	VANIL MANDELIC ACID (VMA)	OS	25%	388.00	407.40	427.77
FMLAB-9139	VITAMIN D(25-HYDROXY-CHOLECALCIFEROL) (B)	OS	25%	750.00	787.50	826.88
FMLAB-9145	ZINC (S or U)	OS	25%	232.00	243.60	255.78
FMLAB-9157	ERYTHROPOIETIN	OS	25%	600.00	630.00	661.50
FMLAB-9159	ANTI PHOSPHOLIPIDS	OS	25%	1,130.00	1,186.50	1,245.83
FMLAB-9174	DENGUE FEVER IgH IgM	OS	25%	270.00	283.50	297.68
FMLAB-9179	LACTATE (LACTIC ACID)	OS	25%	315.00	330.75	347.29
FMLAB-9183	BETA 2 MICROGLOBULIN (US)	OS	25%	230.00	241.50	253.58
FMLAB-9184	HELICOBACTER PYLORI ABS (IgA, IgG)	OS	25%	340.00	357.00	374.85
FMLAB-9185	ANCA	OS	25%	400.00	420.00	441.00
FMLAB-9186	ANTI BASAL MEMBRANE	OS	25%	280.00	294.00	308.70
FMLAB-9193	MEASLES ANTIBODY (SERUM)	OS	25%	400.00	420.00	441.00
FMLAB-9207	HCV-RNA (QUANTITATIVE BY PCR)	OS	25%	1,200.00	1,260.00	1,323.00
FMLAB-9211	TROPONIN - T	OS	25%	385.00	404.25	424.46
FMLAB-9217	THYROGLOBULIN	OS	25%	360.00	378.00	396.90
FMLAB-9218	GENTAMICIN	OS	25%	320.00	336.00	352.80
FMLAB-9229	ASPERGILLUS ABS.IgG SPECIFIC	OS	25%	665.00	698.25	733.16
FMLAB-9233	ENDOMYSIUM IgA	OS	25%	240.00	252.00	264.60
FMLAB-9234	HBV-DNA QUANTITATIVE BY PCR	OS	25%	1,600.00	1,680.00	1,764.00
FMLAB-9240	HCV QUANTITATIVE W/ GENOTYPING	OS	25%	2,640.00	2,772.00	2,910.60
FMLAB-9244	LUPUS ANTI COAGULANT ABS.	OS	25%	615.00	645.75	678.04
FMLAB-9261	SSA ABS (ANTI RO/SSB ABs (ANTI LA)	OS	25%	530.00	556.50	584.33
FMLAB-9269	TACROLIMUS (FK506)	OS	25%	360.00	378.00	396.90
FMLAB-9272	LEGIONELLA ABS.FMLAB-9272	OS	25%	800.00	840.00	882.00
FMLAB-9276	GLUTAMATE DECARBOXYLASE ABS(GAD ABS)	OS	25%	510.00	535.50	562.28
FMLAB-9284	PARVO VIRUS B19ABS IgG AND IgM	OS	25%	595.00	624.75	655.99



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FMLAB-9297	ADENOSINE DEAMINASE/ENZYME ACTIVITY	OS	25%	1,200.00	1,260.00	1,323.00
FMLAB-9300	HOMOCYSTEINE (P) & (U)	OS	25%	355.00	372.75	391.39
FMLAB-9307	VARICELLA ZOSTER(IgA, IgG & IgM)	OS	25%	550.00	577.50	606.38
FMLAB-9309	VANCOMYCIN LEVEL	OS	25%	430.00	451.50	474.08
FMLAB-9326	BCR-ABL P210 (CML)	OS	25%	1,577.00	1,655.85	1,738.64
FMLAB-9340	ADH & OSMOLALITY	OS	25%	245.00	257.25	270.11
FMLAB-9361	ANDROSTENDIONE	OS	25%	385.00	404.25	424.46
FMLAB-9364	ANTI HU	OS	25%	280.00	294.00	308.70
FMLAB-9388	BILE ACIDS TOTAL	OS	25%	200.00	210.00	220.50
FMLAB-9455	CYTOMEGALO VIRUS (PCR)	OS	25%	1,200.00	1,260.00	1,323.00
FMLAB-9474	ECHINOCOCCUS MULTILOCULARIS	OS	25%	180.00	189.00	198.45
FMLAB-9519	HERPES SIMPLEX VIRUS 1 & 2 PCR	OS	25%	1,200.00	1,260.00	1,323.00
FMLAB-9543	IGFBP-3 (INSULIN-LIKE-GROWTH F BP-3)	OS	25%	440.00	462.00	485.10
FMLAB-9566	LEISHMANIA IHA & IgG IgM	OS	25%	575.00	603.75	633.94
FMLAB-9568	LEGIONELLA PNEUMOPHILA ANTIGEN	OS	25%	240.00	252.00	264.60
FMLAB-9588	MERCURY (BREAST MILK, BLOOD, URINE & FAECES)	OS	25%	352.00	369.60	388.08
FMLAB-9719	SKELETAL MUSCLE ABS	OS	25%	195.00	204.75	214.99
FMLAB-9725	SPECIFIC GRAVITY	OS	25%	233.33	245.00	257.25
FMLAB-9766	TSH RECEPTOR ABS	OS	25%	390.00	409.50	429.98
FMLAB-9768	UREAPLASMA UREALYTICUM ABS	OS	25%	220.00	231.00	242.55
FMLAB-9776	PSA (TOTAL & FREE) + RATIO	OS	25%	440.00	462.00	485.10
FMLAB-9777	VISCOSITY	OS	25%	265.00	278.25	292.16
FMLAB-9780	CHOLESTEROL (LDL)	OS	25%	170.00	178.50	187.43
FMLAB-9850	BNP(BRAIN NATRIURETIC PEPTIDE)	OS	25%	383.00	402.15	422.26
FMLAB-9852	IMMUNOHISTOCHEMISTRY PANEL FOR BREAST	OS	25%	2,675.00	2,808.75	2,949.19
FMLAB-9874	ANAEROBIC CULTURE	OS	25%	170.00	178.50	187.43
FMLAB-9878	IMMUNOGLOBULIN D (IgD)	OS	25%	251.00	263.55	276.73
FMLAB-9879	VULVAL SWAB C/S	OS	25%	170.00	178.50	187.43
FMLAB-9898	OCTAPLAS FFP	OS	25%	750.00	787.50	826.88
FMLAB-9979	TISSUE TRANSGLUTAMINASE ABS (IgA)	OS	25%	318.00	333.90	350.60



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMNBD-0009	NASAL BUBBLE CPAP	OS	25%	1,000.00	1,050.00	1,102.50
FMNBD-0010	INTENSIVE PHOTOTHERAPY	OS	25%	500.00	525.00	551.25
FMNEP-0002	REGULAR HEMODIALYSIS	OS	25%	450.00	472.50	496.13
FMNEP-0019	femoral cath	OS	25%	1,200.00	1,260.00	1,323.00
FMNEP-0020	FEMORAL OR SUBCLAVICEN CATHETR	OS	25%	650.00	682.50	716.63
FMNEP-0025	Plasma pharesis.	OS	25%	3,310.00	3,475.50	3,649.28
FMNUM-0003	E.E.G. WITHOUT PROVOCATION	OS	25%	385.00	404.25	424.46
FMNUM-0012	E.M.G. FOR 1 MUSCLE OR NERVE	OS	25%	220.00	231.00	242.55
FMNUM-0016	EEG MONITORING - PACKAGE DEAL 12 HOURS (9:00PM - 9:00AM)	OS	25%	2,425.00	2,546.25	2,673.56
FMNUM-0024	EMG COMP. 2 NURSE	OS	25%	300.00	315.00	330.75
FMNUM-0025	EEG	OS	25%	450.00	472.50	496.13
FMNUM-0033	DIGITAL EEG	OS	25%	450.00	472.50	496.13
FMNUM-0034	EMG 2 UNITS	OS	25%	480.00	504.00	529.20
FMNUM-0035	EMG 3 UNITS	OS	25%	720.00	756.00	793.80
FMNUM-0036	EMG 4 UNITS	OS	25%	960.00	1,008.00	1,058.40
FMNUR-0002	I.V Injection	OS	25%	11.00	11.55	12.13
FMNUR-0003	I.V Fluid	OS	25%	55.00	57.75	60.64
FMNUR-0004	ORDINARY DRESSING.	OS	25%	35.00	36.75	38.59
FMNUR-0005	DRESSING (FMNUR-0005)	OS	25%	41.25	43.31	45.48
FMNUR-0008	OXYGEN/HOUR	OS	25%	40.00	42.00	44.10
FMNUR-0013	Patient Preparation	OS	25%	280.00	294.00	308.70
FMNUR-0020	I.V Canula	OS	25%	11.25	11.81	12.40
FMNUR-0024	BLOOD EXTRACTION	OS	25%	20.00	21.00	22.05
FMNUR-0025	HOT SITZ BATH	OS	25%	26.67	28.00	29.40
FMNUR-0026	Glucotest	OS	25%	11.25	11.81	12.40
FMNUR-0052	NASOGASTRIC TUBE	OS	25%	12.00	12.60	13.23
FMOBG-0004	INSERTION OF I.U.D.	OS	25%	260.00	273.00	286.65
FMOBG-0016	ANTENATAL (CTG)MONITORING/HR	OS	25%	110.00	115.50	121.28
FMOBG-0017	MANUAL REMOVAL OF PLACENTA	OS	25%	555.00	582.75	611.89
FMOBG-0070	HIGH VAGINAL SWAB	OS	25%	110.00	115.50	121.28



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMOBG-0071	INDUCTION OF LABOUR	OS	25%	555.00	582.75	611.89
FMOBG-0073	EPISIOTOMY - LOCAL ANAESTHESIA	OS	25%	445.00	467.25	490.61
FMOBG-0122	INTRAUTERINE DEVICE REMOVAL	OS	25%	260.00	273.00	286.65
FMOBG-1013	TERM OF PREG BY EXTRA AMNIOTIC INS OF CATH	OS	25%	6,000.00	6,300.00	6,615.00
FMODT-0045	ORTHODONTIC DEPOSIT	OS	25%	1,000.00	1,050.00	1,102.50
FMONC-0002	CHEMOTHERAPY 1 DAY TREATMENT IN CLINIC OR WARD	OS	25%	455.00	477.75	501.64
FMONC-0010	Thyroid Ablative TREATMENT - FMONC-0010	OS	25%	3,040.00	3,192.00	3,351.60
FMONC-1004	CHEMOTHERAPY SINGLE INJECTION	OS	25%	150.00	157.50	165.38
FMOPTA0005	PRESCRIPTION FOR GLASSES	OS	25%	100.00	105.00	110.25
FMOPTA0007	PERIMETRY	OS	25%	470.00	493.50	518.18
FMOPTA0008	FUORESCINE ANGIOGRAPHY	OS	25%	700.00	735.00	771.75
FMOPTA0012	SUTURE REMOVAL (EYE)	OS	25%	115.00	120.75	126.79
FMOPTC0017	EYE LASHES ELECTROLYSIS	OS	25%	140.00	147.00	154.35
FMOPTD0008	PICKING OF P.T.D.	OS	25%	235.00	246.75	259.09
FMOPTE0001	SUPERFICIAL CORNEAL F.B.	OS	25%	140.00	147.00	154.35
FMOPTH0028	CORNEAL TOPOGRAPHY	OS	25%	525.00	551.25	578.81
FMOPTL0010	EXAMINATION UNDER ANAESTHESIA FMOPTL0010	OS	25%	330.00	346.50	363.83
FMOPTL0046	REMOVAL OF CORNEAL SUTURE	OS	25%	333.00	349.65	367.13
FMOPTL0069	POSTERIOR SUBTENON STEROID INJECTION	OS	25%	1,500.00	1,575.00	1,653.75
FMORT-0015	BONE BANK GRAFT	OS	25%	1,210.00	1,270.50	1,334.03
FMORT-0241	INJ.OF THERAPEUTIC SUBSTANCE INTO JOINT OR LIGAMENT	OS	25%	235.00	246.75	259.09
FMORT-0293	INJ.OF THERAPEUTIC SUBS. INTO BURSA OF HAND	OS	25%	235.00	246.75	259.09
FMORT-0361	FOREARM SLAB	OS	25%	235.00	246.75	259.09
FMORT-0362	ABOVE ELBOW SLAB	OS	25%	305.00	320.25	336.26
FMORT-0363	BELOW KNEE SLAB	OS	25%	305.00	320.25	336.26
FMORT-0364	ABOVE KNEE SLAB	OS	25%	385.00	404.25	424.46
FMORT-0365	FOREARM CIRCULAR CAST	OS	25%	305.00	320.25	336.26
FMORT-0368	ABOVE KNEE CAST	OS	25%	455.00	477.75	501.64
FMORT-0392	INTRA-ART INJ OF OTHER JOINT	OS	25%	235.00	246.75	259.09
FMORT-0424	DRESSING OF WOUND - LARGE	OS	25%	112.50	118.13	124.03



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMORT-0426	REMOVAL OF CAST	OS	25%	85.00	89.25	93.71
FMORT-0438	MANIPULATION UNDER G.A. UNSPEC SITE (SINGLE JOINT)	OS	25%	760.00	798.00	837.90
FMORT-0445	SKIN TRACTION	OS	25%	150.00	157.50	165.38
FMORT-0567	FINGER SPLINT	OS	25%	85.00	89.25	93.71
FMORT-0751	CHONDROISSUE PER ARTHROSCOPY	OS	25%	10,000.00	10,500.00	11,025.00
FMORT-0755	FMORT-0755	OS	25%	10,000.00	10,500.00	11,025.00
FMPDT-0001	Double Phototherapy	OS	25%	112.50	118.13	124.03
FMPDT-0007	LUMBAR PUNCTURE	OS	25%	220.00	231.00	242.55
FMPDT-0011	INSERTION OF UMBILICAL CANNULA AND STERILE BANDAGING	OS	25%	280.00	294.00	308.70
FMPDT-0012	INSERTION & INDWELLING URINE CATHETER GET STRLUR SPL/CAT SP	OS	25%	55.00	57.75	60.64
FMPDT-0014	PHOTOTHERAPY PER 24HRS+EYEPADS	OS	25%	110.00	115.50	121.28
FMPDT-0016	I.M. INJECTION UP TO 4 YEARS	OS	25%	5.00	5.25	5.51
FMPDT-0022	EARLOBE PIERCING	OS	25%	90.00	94.50	99.23
FMPDT-0082	INJ.OF FLUID TO INFUSION SET I.V. INJ.	OS	25%	15.00	15.75	16.54
FMPDT-0083	I.M.INJ.-CHILDREN OVER 5 YRS	OS	25%	15.00	15.75	16.54
FMPDT-0182	SPIROMETRY B D	OS	25%	150.00	157.50	165.38
FMPDT-0188	PERIPHERALLY INSERTED CATHETER (PICC)	OS	25%	2,000.00	2,100.00	2,205.00
FMPDTO0002	NEBULIZER WITH VENTOLIN	OS	25%	90.00	94.50	99.23
FMPSDH0007	BURN DRESSING 5 - 10%	OS	25%	200.00	210.00	220.50
FMPSDK0045	EXCISION OF MUCUS CYST OF LOWER LIP	OS	25%	500.00	525.00	551.25
FMPSYA0004	TAYLOR'S ANXIETY SCALE	OS	25%	110.00	115.50	121.28
FMPSYA0028	WEISLER - BELLEVUE TEST	OS	25%	280.00	294.00	308.70
FMPSYA0029	STANDFORD BINNET TEST	OS	25%	280.00	294.00	308.70
FMPSYA0033	M.M.P.I.	OS	25%	280.00	294.00	308.70
FMPSYA0036	ANXIETY FOR CHILDREN & ADULT	OS	25%	150.00	157.50	165.38
FMPSYA0039	CHILDREN ATTENTION & ADJUSTMENT	OS	25%	200.00	210.00	220.50
FMPSYA0040	ADHD	OS	25%	185.00	194.25	203.96
FMPSYA0049	CHILDREN DEPRESSION SCALE	OS	25%	185.00	194.25	203.96
FMPSYB0002	BEHAVIORAL THERAPY X 4 SESSION	OS	25%	735.00	771.75	810.34
FMPSYB0025	PSYCHOTHERAPY X 8	OS	25%	2,670.00	2,803.50	2,943.68
FMPSYB0034	(1) SESSION OF BIOFEEDBACK	OS	25%	160.00	168.00	176.40



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMPTD-0004	ULTRASOUND	OS	25%	75.00	78.75	82.69
FMPTD-0005	ELECTRIC STIMULATION - MUSCLE/ NERVE	OS	25%	100.00	105.00	110.25
FMPTD-0006	ELECTRIC MASSAGE - PART	OS	25%	65.00	68.25	71.66
FMPTD-0007	ULTRASOUND - OP	OS	25%	50.00	52.50	55.13
FMPTD-0008	MANUAL MASSAGE - PARTL	OS	25%	100.00	105.00	110.25
FMPTD-0009	MANUAL MASSAGE - TOTAL	OS	25%	130.00	136.50	143.33
FMPTD-0010	THERAPEUTIC EXERCISES	OS	25%	75.00	78.75	82.69
FMPTD-0015	TRACTION	OS	25%	90.00	94.50	99.23
FMPTD-0022	TIILT TABLE	OS	25%	90.00	94.50	99.23
FMPTD-0055	LOCOMOTION THERAPHY(1 SESSION)	OS	25%	190.00	199.50	209.48
FMPTD-0062	TENS	OS	25%	65.00	68.25	71.66
FMPTD-0067	GYMNASTIC EXERCISE	OS	25%	90.00	94.50	99.23
FMPTD-0074	CEREBRAL PALSY EXERCISES	OS	25%	200.00	210.00	220.50
FMPTD-0082	LOCAL INJECTION	OS	25%	115.00	120.75	126.79
FMPTD-0092	HYDROTHERAPY POOL(1 TREATMENT)	OS	25%	165.00	173.25	181.91
FMPTD-0098	C.P.M. MACHINE	OS	25%	90.00	94.50	99.23
FMPTD-0101	FANGO HALF	OS	25%	65.00	68.25	71.66
FMPTD-0102	ICE PACK LARGE	OS	25%	65.00	68.25	71.66
FMPTD-0103	ICE PACK SMALL	OS	25%	40.00	42.00	44.10
FMPTD-0108	LASER THERAPY	OS	25%	100.00	105.00	110.25
FMPTD-0113	CPM FOR ELBOW	OS	25%	67.00	70.35	73.87
FMPTD-0124	Use of A.V.I. Machine	OS	25%	115.00	120.75	126.79
FMPTD-0128	ULTRASOUND THERAPY	OS	25%	67.00	70.35	73.87
FMPTD-0137	HOT PACK SMALL	OS	25%	50.00	52.50	55.13
FMPTD-0160	NCCI Physiotherapy Session	OS	25%	70.00	73.50	77.18
FMPTD-0190	LUMBAR TRACTION ELECTRICAL	OS	25%	150.00	157.50	165.38
FMPTDO0001	I.M. INJECTION	OS	25%	5.00	5.25	5.51
FMSUP-0001	FIRSTCLASS - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00010	SUITE - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00011	ROYAL SUITE - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00012	NORMAL BABY CRIB - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00013	EMERGENCY - Medical Supervision	OS	25%	-	-	-
FMSUP-00015	DELIVERY ROOM - Medical Supervision	OS	25%	-	-	-



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMSUP-00016	INTERMEDIATE CLASS - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00017	DAY CASE - Medical Supervision	OS	25%	-	-	-
FMSUP-00018	NEWBORN ISOLATION - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00019	CCU - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0002	SECONDCLASS - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00020	SUPER DELUXE - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00021	SUITEA - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00022	SUITEB - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-00025	STROKE UNIT - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0003	THIRDCLASS - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0004	ISOLATION - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0005	ICU - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0006	PSHYICATRIC WARD - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0007	NICU - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0008	TICU - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUP-0009	PICU - Medical Supervision	OS	25%	100.00	105.00	110.25
FMSUR-1009	ABSCCESS INCISION DEEP	OS	25%	235.00	246.75	259.09
FMSUR-1014	CIRCUMCISION - NB OR UNDER 6	OS	25%	300.00	315.00	330.75
FMSUR-3026	AMPUTAION METATARSAL	OS	25%	1,740.00	1,827.00	1,918.35
FMSUR-9018	DRESSING OF BURNS UPTO 10%AREA	OS	25%	470.00	493.50	518.18
FMSUR-9025	DRESSING OF DIABETIC FOOT	OS	25%	150.00	157.50	165.38
FMSUR-9096	DEBRIDEMENT	OS	25%	750.00	787.50	826.88
FMSUR-9097	DRESSING UNDER GA	OS	25%	135.00	141.75	148.84
FMURO-0063	RETROGRADE PYELOGRAPHYFMURO-0063	OS	25%	235.00	246.75	259.09
FMURO-0129	UROFLOWMETERY	OS	25%	235.00	246.75	259.09
FMURO-0157	URODYNAMIC STUDY + EMG	OS	25%	750.00	787.50	826.88
FMURO-0174	BCG INTRAVESICAL INSTILATION	OS	25%	4,000.00	4,200.00	4,410.00
FMXRY-0001	SKULL AP. LATERAL	OS	25%	150.00	157.50	165.38
FMXRY-0002	P.N.S. 1 VIEW WATER	OS	25%	205.00	215.25	226.01
FMXRY-0003	P.N.S./ SKULL PA. LAT. WATERS	OS	25%	150.00	157.50	165.38
FMXRY-0004	NASAL BONES LATERAL	OS	25%	100.00	105.00	110.25
FMXRY-0005	MASTOID SCHULLERS AND STENVERS	OS	25%	150.00	157.50	165.38



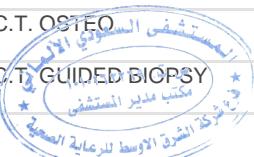
Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
FMXRY-0006	T.M.J. [TEMPORO-MANDIBULAR JOINT]	OS	25%	200.00	210.00	220.50
FMXRY-0007	MANDIBLE PA OBL.	OS	25%	150.00	157.50	165.38
FMXRY-0009	NASOPHARYNX LAT. VIEW	OS	25%	150.00	157.50	165.38
FMXRY-0011	CLAVICLE 5% AO OR PA	OS	25%	120.00	126.00	132.30
FMXRY-0014	ACROMIO CLAVICULAR JOINT W& W/O WHGHT.BEAR- ING	OS	25%	200.00	210.00	220.50
FMXRY-0015	SCAPULA AP LAT. (Y-view)	OS	25%	150.00	157.50	165.38
FMXRY-0018	STERNO CLAVICULAR JOINTS	OS	25%	120.00	126.00	132.30
FMXRY-0019	RIBS UNILATERAL	OS	25%	150.00	157.50	165.38
FMXRY-0020	RIBS BILATERAL	OS	25%	270.00	283.50	297.68
FMXRY-0021	CERVICAL SPINE AP. & LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0022	CERVICAL SPINE AP., LAT. & OBL.	OS	25%	200.00	210.00	220.50
FMXRY-0023	CERVICAL SPINE AP. LAT. & OBL. WITH FLEX/EXT.	OS	25%	200.00	210.00	220.50
FMXRY-0024	THORACIC SPINE AP. & LAT.	OS	25%	150.00	157.50	165.38
FMXRY-0025	THORACIC OR LUMBAR AP STANDING	OS	25%	200.00	210.00	220.50
FMXRY-0027	LUMBAR SPINE AP. & LAT.	OS	25%	150.00	157.50	165.38
FMXRY-0028	LUMBAR SPINE AP. LAT. & OBL.	OS	25%	250.00	262.50	275.63
FMXRY-0030	SACRUM COCCYX AP. & LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0031	SACROILAC JOINT AP. & OBL.	OS	25%	150.00	157.50	165.38
FMXRY-0032	SPINE FLEXION EXT. AP & LAT.	OS	25%	260.00	273.00	286.65
FMXRY-0033	SCOLIOSIS STUDY AP VIEW	OS	25%	355.00	372.75	391.39
FMXRY-0034	COMPLETE SPINE AP & LAT VIEWS	OS	25%	660.00	693.00	727.65
FMXRY-0035	SHOULDER AP. AXIAL	OS	25%	120.00	126.00	132.30
FMXRY-0036	SHOULDER NEUTRAL AP	OS	25%	135.00	141.75	148.84
FMXRY-0037	SHOULDER AP. INT., EXT. ROTATION	OS	25%	260.00	273.00	286.65
FMXRY-0039	SHOULDER OF INTERTUBECULARIS	OS	25%	130.00	136.50	143.33
FMXRY-0040	HUMERUS AP. LATERAL	OS	25%	120.00	126.00	132.30
FMXRY-0041	ELBOW AP. LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0045	FOREARM AP., LATERAL	OS	25%	120.00	126.00	132.30
FMXRY-0046	WRIST PA` LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0047	WRIST PA., LAT. & OBL.	OS	25%	210.00	220.50	231.53
FMXRY-0048	CARPAL TUNNEL (GAYNOR HART)	OS	25%	150.00	157.50	165.38
FMXRY-0049	HAND AP. OBL.	OS	25%	120.00	126.00	132.30
FMXRY-0050	HAND AP. LAT. & OBL.	OS	25%	210.00	220.50	231.53



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0052	BOTH HANDS AP	OS	25%	200.00	210.00	220.50
FMXRY-0053	FINGERS AP LAT. OBL.	OS	25%	80.00	84.00	88.20
FMXRY-0055	PELVIS AP	OS	25%	100.00	105.00	110.25
FMXRY-0056	HIP-UNILATERAL AP/LAUENSTEIN	OS	25%	150.00	157.50	165.38
FMXRY-0057	HIP-BILATERAL AP/LAUENSTEIN	OS	25%	260.00	273.00	286.65
FMXRY-0058	HIP AP & FROG POSITION (BILAT)	OS	25%	185.00	194.25	203.96
FMXRY-0059	HIP FOR HEAD OF FEMUR(30CA/AG)	OS	25%	130.00	136.50	143.33
FMXRY-0062	FEMUR AP. LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0063	KNEE AP. LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0064	BOTH KNEES AP STANDING	OS	25%	160.00	168.00	176.40
FMXRY-0065	BOTH KNEES AP.,LAT.	OS	25%	290.00	304.50	319.73
FMXRY-0066	KNEE AP. LAT.SP.VIEW	OS	25%	170.00	178.50	187.43
FMXRY-0068	KNEE STRESS (ONE SIDE)	OS	25%	100.00	105.00	110.25
FMXRY-0069	SKYLINE VIEW FOR PATELLA	OS	25%	100.00	105.00	110.25
FMXRY-0070	TIBIA/FIBULA AP. & LAT. VIEWS	OS	25%	150.00	157.50	165.38
FMXRY-0071	ANKLE AP LATERAL	OS	25%	120.00	126.00	132.30
FMXRY-0072	ANKLE AP LATERAL OBL.	OS	25%	150.00	157.50	165.38
FMXRY-0074	OS-CALYSIS (HEEL)TANGENTIAL LAT	OS	25%	120.00	126.00	132.30
FMXRY-0075	FOOT AP LAT.	OS	25%	120.00	126.00	132.30
FMXRY-0076	FOOT AP, LAT. & OBL.	OS	25%	210.00	220.50	231.53
FMXRY-0078	BOTH FEET AP LAT. IND STANDING	OS	25%	220.00	231.00	242.55
FMXRY-0079	TOES AP LATERAL OBL.	OS	25%	165.00	173.25	181.91
FMXRY-0080	CHEST PA VIEW OR LAT.	OS	25%	80.00	84.00	88.20
FMXRY-0081	CHEST PA LAT. VIEWS	OS	25%	130.00	136.50	143.33
FMXRY-0082	CHEST PA LAT. & DECUBITUS	OS	25%	270.00	283.50	297.68
FMXRY-0083	CHEST PA LAT. OBL.	OS	25%	270.00	283.50	297.68
FMXRY-0085	CHEST APICAL VIEW	OS	25%	145.00	152.25	159.86
FMXRY-0086	ABDOMEN FLAT (KUB)	OS	25%	90.00	94.50	99.23
FMXRY-0087	ABDOMEN ERECT.	OS	25%	90.00	94.50	99.23
FMXRY-0088	ABDOMEN FLAT.ERECT/DECUBITUS	OS	25%	260.00	273.00	286.65
FMXRY-0090	PANORAMA	OS	25%	200.00	210.00	220.50
FMXRY-0093	PANORAMA & CEPHALOMETRIC ONE VIEW	OS	25%	250.00	262.50	275.63
FMXRY-0096	OPERATING ROOM CHARGE 30 MTS	OS	25%	500.00	525.00	551.25



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0097	FLUOROSCOPY CHARGE CHARGE 5 MTS	OS	25%	500.00	525.00	551.25
FMXRY-0098	ANY AREA OR ORGAN 1 VIEW	OS	25%	145.00	152.25	159.86
FMXRY-0202	BA. SWALLOW (ESOP) DOUBLE CONT	OS	25%	300.00	315.00	330.75
FMXRY-0203	BA. MEAL (UPPER GIT) DBLE.CONT	OS	25%	500.00	525.00	551.25
FMXRY-0204	BA. MEAL(UPPER GIT) SINLE.CONT	OS	25%	700.00	735.00	771.75
FMXRY-0206	SMALL BOWEL SERIES SINGLE CONT	OS	25%	500.00	525.00	551.25
FMXRY-0208	BARIUM ENEMA DOUBLE CONTRAST	OS	25%	600.00	630.00	661.50
FMXRY-0209	BARIUM ENEMA SINGLE CONTRAST	OS	25%	550.00	577.50	606.38
FMXRY-0210	FLUOROSCOPY GUIDED ERCP	OS	25%	660.00	693.00	727.65
FMXRY-0215	I.V.P.	OS	25%	500.00	525.00	551.25
FMXRY-0218	CYSTOGRAM	OS	25%	500.00	525.00	551.25
FMXRY-0219	URETHROGRAM	OS	25%	300.00	315.00	330.75
FMXRY-0254	MAMMOGRAPHY UNILATERAL	OS	25%	350.00	367.50	385.88
FMXRY-0255	MAMMOGRAPHY BILATERAL	OS	25%	600.00	630.00	661.50
FMXRY-0257	HYSSTERO SALPINGOGRAM (H.S.G)	OS	25%	600.00	630.00	661.50
FMXRY-0265	VOIDING CYSTOUREROTROGRAM(VCUG)	OS	25%	300.00	315.00	330.75
FMXRY-0300	C.T. SKULL W/O CONTRAST	OS	25%	833.33	875.00	918.75
FMXRY-0301	C.T. BRAIN W/O CONTRAST	OS	25%	833.33	875.00	918.75
FMXRY-0302	C.T. BRAIN WITH CONTRAST	OS	25%	1,166.67	1,225.00	1,286.25
FMXRY-0303	C.T. ORBIT/SELLA/INNER EAR W/O CONT	OS	25%	833.33	875.00	918.75
FMXRY-0304	C .T. ORBIT/SELLA/INNER EAR WITH CONT	OS	25%	1,200.00	1,260.00	1,323.00
FMXRY-0305	C.T. NASOPHARYNX	OS	25%	833.33	875.00	918.75
FMXRY-0306	C.T. CHEST MEDIASTINUM W/O CONT	OS	25%	833.33	875.00	918.75
FMXRY-0307	C.T. CHEST MEDASTINUM W/CONTRAST	OS	25%	833.33	875.00	918.75
FMXRY-0311	C.T. ABDOMEN OR PELVIS W/ & W/O CONT.	OS	25%	833.33	875.00	918.75
FMXRY-0312	C.T. ABDOMEN - FMXRY-0312	OS	25%	833.33	875.00	918.75
FMXRY-0314	C.T. LUMBOSACRAL SPINE	OS	25%	833.33	875.00	918.75
FMXRY-0315	C.T CERVICAL SPINE	OS	25%	833.33	875.00	918.75
FMXRY-0319	C.T. 3D	OS	25%	833.33	875.00	918.75
FMXRY-0324	C.T. EXTREMITIES W/O CONT.	OS	25%	833.33	875.00	918.75
FMXRY-0326	C.T. OSTEO	OS	25%	833.33	875.00	918.75
FMXRY-0327	C.T. GUIDED BIOPSY	OS	25%	833.33	875.00	918.75



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0334	C.T. ROUTINE PARANASAL SINUS	OS	25%	833.33	875.00	918.75
FMXRY-0336	C.T. PETROUS BONE	OS	25%	833.33	875.00	918.75
FMXRY-0338	C.T. P.N.S ROUTINE	OS	25%	833.33	875.00	918.75
FMXRY-0339	C.T. P.N.S FULL EXAMINATION	OS	25%	833.33	875.00	918.75
FMXRY-0340	CT MANDIBLE	OS	25%	833.33	875.00	918.75
FMXRY-0341	C.T. OROPHARYNX	OS	25%	833.33	875.00	918.75
FMXRY-0342	C.T. PAROTID	OS	25%	833.33	875.00	918.75
FMXRY-0343	C.T. LARYNX	OS	25%	833.33	875.00	918.75
FMXRY-0344	C.T. NECK	OS	25%	833.33	875.00	918.75
FMXRY-0347	C.T. LIVER TRIPHASIC	OS	25%	833.33	875.00	918.75
FMXRY-0352	CT HIP JOINTS	OS	25%	833.33	875.00	918.75
FMXRY-0353	C.T. KNEE JOINT	OS	25%	833.33	875.00	918.75
FMXRY-0354	C.T. SHOULDER	OS	25%	833.33	875.00	918.75
FMXRY-0355	C.T. FOOT	OS	25%	833.33	875.00	918.75
FMXRY-0356	C.T. ANKLE	OS	25%	833.33	875.00	918.75
FMXRY-0357	C.T. ELBOW	OS	25%	833.33	875.00	918.75
FMXRY-0358	C.T. DORSO-LUMBER SPINE	OS	25%	833.33	875.00	918.75
FMXRY-0361	C.T. DENTAL	OS	25%	833.33	875.00	918.75
FMXRY-0362	C.T. URINARY SYSTEM NON-CONTRAST	OS	25%	490.00	514.50	540.23
FMXRY-0401	THYROID SCAN W/TECHNITIUM	OS	25%	1,500.00	1,575.00	1,653.75
FMXRY-0403	THYROID SCAN W/R/A/IODINE	OS	25%	2,000.00	2,100.00	2,205.00
FMXRY-0411	LUNG PERfusion	OS	25%	1,500.00	1,575.00	1,653.75
FMXRY-0412	LUNG VENMILLATION	OS	25%	1,500.00	1,575.00	1,653.75
FMXRY-0416	RENOGRAM & RENAL SCAN	OS	25%	2,000.00	2,100.00	2,205.00
FMXRY-0420	BONE SCAN	OS	25%	1,500.00	1,575.00	1,653.75
FMXRY-0421	WHOLE BODY SCAN W/R/A.IODINE	OS	25%	2,000.00	2,100.00	2,205.00
FMXRY-0456	WBS WITH TC-99m (V) DMSA	OS	25%	950.00	997.50	1,047.38
FMXRY-0458	WBS WITH GA-67 SPECT	OS	25%	1,950.00	2,047.50	2,149.88



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0470	29.5 MCI	OS	25%	1,200.00	1,260.00	1,323.00
FMXRY-0483	RADIO ISOTOPE THERAPEUTIC RADIATION COURSE	OS	25%	20,000.00	21,000.00	22,050.00
FMXRY-0490	99TC TECTROTYD FOR PATHOLOGICAL LESSION	OS	25%	7,500.00	7,875.00	8,268.75
FMXRY-0493	Radio Active Iodine	OS	25%	400.00	420.00	441.00
FMXRY-0498	RADIATION FOR HEAVY METASTATIC	OS	25%	37,000.00	38,850.00	40,792.50
FMXRY-0500	ULTRASOUND THYROID	OS	25%	300.00	315.00	330.75
FMXRY-0502	ULTRASOUND ABDOMEN & PELVIS COMBINED	OS	25%	450.00	472.50	496.13
FMXRY-0503	ULTRASOUND BREAST	OS	25%	300.00	315.00	330.75
FMXRY-0504	ULTRASOUND SOFT TISSUE	OS	25%	300.00	315.00	330.75
FMXRY-0505	ULTRASOUND FOLLOW-UP	OS	25%	280.00	294.00	308.70
FMXRY-0506	ULTRASOUND TESTES	OS	25%	300.00	315.00	330.75
FMXRY-0510	ULTRASOUND GUIDED BIOPSY ASPIRATION	OS	25%	700.00	735.00	771.75
FMXRY-0511	ULTRASOUND DIAGNOSTIC ONE ORGAN	OS	25%	300.00	315.00	330.75
FMXRY-0513	U/S DIAGNOSTIC FOR NEONATES	OS	25%	150.00	157.50	165.38
FMXRY-0514	ULTRASOUND TRANSRECTAL	OS	25%	500.00	525.00	551.25
FMXRY-0515	ULTRASOUND CAROTID DOPPLER	OS	25%	600.00	630.00	661.50
FMXRY-0516	ULTRASOUND DOPPLER FOR PERIPHERAL ARTERY ONE SIDE	OS	25%	500.00	525.00	551.25
FMXRY-0517	ULTRASOUND DOPPLER FOR PERIPHERAL ARTERY TWO SIDES	OS	25%	750.00	787.50	826.88
FMXRY-0518	ULTRASOUND DOPPLER FOR PERIPHERAL VEINS ONE SIDE	OS	25%	500.00	525.00	551.25
FMXRY-0519	ULTRASOUND DOPPLER FOR PERIPHERAL VEINS BOTH SIDES	OS	25%	750.00	787.50	826.88
FMXRY-0523	ULTRASOUND PREGNANCY ASSESSMENT & D.U.A.	OS	25%	350.00	367.50	385.88
FMXRY-0524	U/S DOPPLER FOR UMBILICAL ARTERY (D.U.A.)	OS	25%	250.00	262.50	275.63
FMXRY-0525	ULTRASOUND TRANSCRANIAL DOPPLER	OS	25%	700.00	735.00	771.75
FMXRY-0527	ULTRASOUND DOPPLER FOR VERTEBRO BASILAR W/ DYNA	OS	25%	600.00	630.00	661.50
FMXRY-0528	ULTRASOUND CAROTID & TCD & VERT. BASIC W/ DYNA	OS	25%	1,105.00	1,160.25	1,218.26
FMXRY-0530	ULTRASOUND DOPPLER FOR KIDNEYS	OS	25%	600.00	630.00	661.50
FMXRY-0532	ULTRASOUND DOPPLER FOR ONE VESSEL	OS	25%	300.00	315.00	330.75
FMXRY-0535	ULTRASOUND 3D PREGNANCY	OS	25%	500.00	525.00	551.25
FMXRY-0540	ULTRASOUND TRANSGAVAGINAL	OS	25%	500.00	525.00	551.25
FMXRY-0541	ULTRASOUND PREGNANCY	OS	25%	300.00	315.00	330.75



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0542	ULTRASOUND TESTICULAR	OS	25%	350.00	367.50	385.88
FMXRY-0547	RADIOACTIVE I131 CORSS	OS	25%	9,000.00	9,450.00	9,922.50
FMXRY-0561	ULTRASOUND URINARY SYSTEM	OS	25%	360.00	378.00	396.90
FMXRY-0562	ULTRASOUND PELVIS	OS	25%	350.00	367.50	385.88
FMXRY-0563	ULTRASOUND UPPER ABDOMEN	OS	25%	300.00	315.00	330.75
FMXRY-0565	DEXA SCAN	OS	25%	650.00	682.50	716.63
FMXRY-0572	ARTERIAL CLOSURE DEVICE	OS	25%	4,000.00	4,200.00	4,410.00
FMXRY-0590	ULTRASOUND 4D PREGNANCY	OS	25%	850.00	892.50	937.13
FMXRY-0593	TUNNELED DIALYSIS CATHETER NEW INSERTION	OS	25%	15,000.00	15,750.00	16,537.50
FMXRY-0598	X-RAY BOTH SHOULDERS	OS	25%	300.00	315.00	330.75
FMXRY-0599	X-RAY BOTH ELBOWS	OS	25%	300.00	315.00	330.75
FMXRY-0600	M.R.I.	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0618	M.R.I. SPECIAL SEQUENCE	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0624	M.R.I. BRAIN W/O CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0625	M.R.I. LUMBOSACRAL SPINE W/O CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0626	M.R.I. CERVICAL SPINE W/O CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0627	M.R.I. DORSAL SPINE W/O CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0628	M.R.I. ABDOMEN WITH CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0629	M.R.I. PELVIS WITH CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0631	M.R.A INTRACRANIAL	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0633	M.R.C.P.	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0634	M.R. UROGRAPHY	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0635	M.R.I. SHOULDER	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0636	M.R.I. KNEE (ONE SIDE)	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0637	M.R. ANKLE OR FOOT	OS	25%	1,250.00	1,312.50	1,378.13



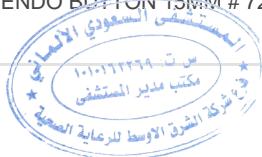
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0638	M.R.I. ELBOWS	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0639	M.R.I. HIPS	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0640	M.R.I. BRAIN WITH CONTRAST	OS	25%	1,583.33	1,662.50	1,745.62
FMXRY-0641	M.R.I. LUMBOSACRAL SPINE W/ CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0643	M.R.I. DORSAL SPINE W/ CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0644	M.R.I. FOR TUMORS W/ CONTRAST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0645	M.R.I. ORBITS	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0646	M.R.I. PETROUS BONE	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0647	M.R.I. SELLA TURCICA	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0649	M.R.I. NECK	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0651	M.R.A CAROTID	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0653	M.R.I PAROTID	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0656	M.R.A. ANGIO ABDOMEN	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0660	M.R.I. WRIST	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0661	M.R.I HAND	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0662	M.R.I. THIGH	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0663	M.R.I LEG	OS	25%	1,250.00	1,312.50	1,378.13
FMXRY-0665	M.R.I FOLLOW UP	OS	25%	250.00	262.50	275.63
FMXRY-0666	X-RAY BOTH FOREARMS	OS	25%	300.00	315.00	330.75
FMXRY-0667	X-RAY BOTH LEGS	OS	25%	350.00	367.50	385.88
FMXRY-0668	X-RAY BOTH FEMURS	OS	25%	350.00	367.50	385.88
FMXRY-0669	X-RAY BOTH ANKLES	OS	25%	300.00	315.00	330.75
FMXRY-0722	BONE AGE X-RAY (HAND & WRIST)	OS	25%	200.00	210.00	220.50
FMXRY-0723	ULTRASOUND TRANSCRANIAL	OS	25%	300.00	315.00	330.75
FMXRY-0724	ULTRASOUND HIP JOINT	OS	25%	300.00	315.00	330.75



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FMXRY-0907	M.R.I FOLLOW-UP	OS	25%	200.00	210.00	220.50
FMXRY-0909	M.R.I. FOR CONTRAST	OS	25%	200.00	210.00	220.50
FMXRY-0916	ABDOMINAL AORTOGRAM	OS	25%	4,000.00	4,200.00	4,410.00
FMXRY-0917	Unilateral Leg Arterigram	OS	25%	1,500.00	1,575.00	1,653.75
FMXRY-0965	CONTRAST MEDIA FOR PROCEDURE 1 VIAL	OS	25%	100.00	105.00	110.25
FMXRY-0976	PARATHYROID SCAN	OS	25%	2,200.00	2,310.00	2,425.50
FMXRY-0979	PET SCAN 18F-FDG 14MCI	OS	25%	12,000.00	12,600.00	13,230.00
FMXRY-0981	18 FDG	OS	25%	2,500.00	2,625.00	2,756.25
FMXRY-0983	THALIUM W/PHARMACOLOGICAL STRESS(XRAY)	OS	25%	1,600.00	1,680.00	1,764.00
FMXRY-0984	THALIUM EXERCISE STRESS TEST (XRAY)	OS	25%	1,400.00	1,470.00	1,543.50
FMXRY-0991	TC99 DMSA	OS	25%	1,000.00	1,050.00	1,102.50
FMXRY-0997	UNILATERAL SONOMAMMOGRAPHY	OS	25%	600.00	630.00	661.50
FMXRY-0998	BILATERAL SONOMAMMOGRAPHY	OS	25%	850.00	892.50	937.13
HK-T-000012	TISSUE FACIAL W/OUT LOGO 2PLY	OS	25%	1.41	1.48	1.55
MS-A-000119	ADMINISTRATION SET F.INFUSION PUMP TERUMO #TE*PA300WY01	OS	25%	40.00	42.00	44.10
MS-B-000062	BALLOON CATHETER PTCA ALL SIZES.	OS	25%	1,488.00	1,562.40	1,640.52
MS-B-000337	BAG COLOSTOMY NEONATAL 17MKM #14691 EASIFLEX	OS	25%	12.00	12.60	13.23
MS-B-000416	BAND TR # XX*RF06	OS	25%	200.00	210.00	220.50
MS-B-000476	BALLOON DILATOR 5MM 15FR BOSTON #225-107	OS	25%	1,200.00	1,260.00	1,323.00
MS-B-000505	BALLOON D/ELUTED B.BRAUN	OS	25%	6,888.00	7,232.40	7,594.02
MS-B-000720	BAG DRAINAGE CYCLER # H13C18092	OS	25%	40.00	42.00	44.10
MS-B-000738	BLADE F/SURGICAL HAIR REMOVAL CLIPPER 3M #9660	OS	25%	40.00	42.00	44.10
MS-B-000782	BLADE F/LARYNGOSCOP MILLAR DISPOABLE SIZE 0	OS	25%	40.00	42.00	44.10
MS-B-000883	BOTTLE PLASTIC 1000ML W/COVER F/SAMPLES	OS	25%	12.00	12.60	13.23
MS-B-000884	BOTTLE PLASTIC 1500ML W/COVER F/SAMPLES	OS	25%	16.00	16.80	17.64
MS-B-000885	BOTTLE PLASTIC 2000ML W/COVER F/SAMPLES	OS	25%	24.00	25.20	26.46
MS-B-000886	BOTTLE PLASTIC 3000ML W/COVER F/SAMPLES	OS	25%	24.00	25.20	26.46
MS-B-000901	BAG COLOSTOMY 70MM COLOPLAST#103871	OS	25%	12.00	12.60	13.23



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MS-B-000902	BASE FOR COLOSTOMY 70MM COLOPLAST#100451	OS	25%	20.00	21.00	22.05
MS-B-000917	BLADE SHAVER BURR,OVAL,8FLUTE 5.0MMX13CM ARTHREX # AR-8500OBE	OS	25%	990.72	1,040.26	1,092.27
MS-C-000326	CATHETER PREMICATH 28G.	OS	25%	864.00	907.20	952.56
MS-C-000626	CATHETER URETERIC STRAIGHT OPEN TIP 6FR PORGES# ACP306	OS	25%	120.00	126.00	132.30
MS-C-000669	CATHETER TRIPLE LUMEN 4.5FR 10CM	OS	25%	420.00	441.00	463.05
MS-C-000846	CANNULA CARDIOPLEGIA 9FR/7FR 16G JOSTRA ANTEGRADE MEDTRONIC #20016	OS	25%	160.00	168.00	176.40
MS-C-001078	CANNULA VESSEL BEVELED TIP W/ ONE WAY VALVE	OS	25%	40.00	42.00	44.10
MS-C-001092	CATHETER DIALYSIS TRIPLE LUMEN 12FRX16CM JUGULAR CURVED #63818	OS	25%	748.80	786.24	825.55
MS-C-001134	COVER ABSORBANT OR TABLE 101 X 229CM #ATC4090N	OS	25%	24.00	25.20	26.46
MS-C-001371	CASSETTE HCHOICE 4 PRONG # S12L11041	OS	25%	403.20	423.36	444.53
MS-C-001372	CAP MINI #13G25H15	OS	25%	16.00	16.80	17.64
MS-C-001462	CARTRIDGE BLUE CONTOUR RELOAD ETHI#CR40B	OS	25%	1,714.56	1,800.29	1,890.30
MS-C-001490	CORTEX SCREW 3.5MM SELF TAPPING LENGTH 16MM #204.816	OS	25%	200.00	210.00	220.50
MS-C-001582	CAGE ANATOMICAL PEEK 8 X 32.5MM 6 DEG SOFAMOR #2560832	OS	25%	8,148.00	8,555.40	8,983.17
MS-C-001592	CAP REVERE LOCKING #124.000	OS	25%	400.00	420.00	441.00
MS-C-001596	CATHETER THORACIC STR.WITHOUT TROCAR 34FR.	OS	25%	16.00	16.80	17.64
MS-C-001600	CRUSHED CANCELLOUS 30CC #103430	OS	25%	4,872.00	5,115.60	5,371.38
MS-C-001609	CAGE COLONIAL 7MM #365.407	OS	25%	2,822.06	2,963.16	3,111.32
MS-C-001610	CAGE COLONIAL 6MM #365.306	OS	25%	2,822.06	2,963.16	3,111.32
MS-C-001611	CAGE COLONIAL 6MM #365.406	OS	25%	2,822.06	2,963.16	3,111.32
MS-C-001642	CATHETER PORT 4.5F #0443374	OS	25%	2,469.60	2,593.08	2,722.73
MS-C-001724	CUTTER FLIP 8MM #AR-1204AF-80	OS	25%	2,049.60	2,152.08	2,259.68
MS-D-000142	DRESSING MEBO 40 X 60MM JULPHAR #6291100087440	OS	25%	16.00	16.80	17.64
MS-D-000194	DRESSINGJELONETSTERILE10X10CMX100PIEASES	OS	25%	4.00	4.20	4.41
MS-D-000208	DURAL REPAIR PATCH SIZE 60X80 REDURA #RDS6	OS	25%	3,696.00	3,880.80	4,074.84
MS-D-000288	DIAPER INFANT PRETERM SIZE 800-1250 GRM	OS	25%	1.40	1.47	1.54
MS-E-000184	ENDO BUTTON 15MM # 72200146	OS	25%	2,243.81	2,356.00	2,473.80



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-F-000234	FEMORAL COMPONENT 9X125MM CEMENTLESS BIOMET#650-0217	OS	25%	14,976.00	15,724.80	16,511.04
MS-H-000226	HOLDER F/TRACHEOSTOMY TUBE INFANT #520002 PORTEX	OS	25%	24.00	25.20	26.46
MS-L-000141	LANCET ACCU-CHEK SAFE T-PRO UNO 28G ROCHE	OS	25%	1.14	1.20	1.26
MS-L-000183	LEAD W/ELECTRODE STANDARD NEOTECH #N301	OS	25%	16.00	16.80	17.64
MS-M-000034	MASK LARYNGEAL DISPOSABLE SIZE 4	OS	25%	40.00	42.00	44.10
MS-M-000054	MASK LARYNGEAL DISPOSABLE SIZE1.0	OS	25%	60.00	63.00	66.15
MS-M-000055	MASK LARYNGEAL DISPOSABLE SIZE 5 FLEXICARE.	OS	25%	80.00	84.00	88.20
MS-M-000194	MILK PRENAN LIQUID 90ML NESTLE (32X90ML)	OS	25%	23.88	25.07	26.33
MS-M-000237	MASK FACE ANTI VIRAL VIRO BLOCK # VBHF002	OS	25%	12.00	12.60	13.23
MS-M-000240	MASK PARTICULATE RESPIRATOR & SURGICAL N95 3M # 1805	OS	25%	12.00	12.60	13.23
MS-M-000247	MASK N95 SMALL VFLEX 3M # 1805S	OS	25%	12.00	12.60	13.23
MS-M-000259	MILK PRENAN LIQUID 100ML NESTLE #RTF	OS	25%	31.85	33.44	35.11
MS-M-000260	MILK NAN 1 LIQUID 70ML NESTLE #1-RTF	OS	25%	8.00	8.40	8.82
MS-N-000218	NAIL SMALL F/ISSUE CHONDRO#SMART-114	OS	25%	1,920.00	2,016.00	2,116.80
MS-N-000459	NASAL PRONG SIZE 3 F&P #BC3020-10-3020	OS	25%	80.00	84.00	88.20
MS-N-000748	NASAL TUBING UNIVERSAL-70MM F&P #BC191	OS	25%	120.00	126.00	132.30
MS-P-000232	PUTTY 5CC GRAFTON DBM # C43105	OS	25%	4,494.00	4,718.70	4,954.64
MS-P-001001	PLATE 1/3 TUBULAR 8 HOLES IRENE #S80800810	OS	25%	418.02	438.92	460.87
MS-P-001109	PLATE DISTAL TIBIAL 2.7/3.5 L 10HOLE SYNTHES #239.912	OS	25%	7,956.00	8,353.80	8,771.49
MS-P-001410	PLATE DCP NARROW 4.5X9 HOLE IRENE# S80230917	OS	25%	668.82	702.26	737.37
MS-P-001430	PIN DRILL ACL TIGHTROPE # AR-1595T	OS	25%	806.40	846.72	889.06
MS-P-001473	PROCEDURE PACK #CP1200 F/RECTAL BIOPSY SYS.	OS	25%	1,687.39	1,771.76	1,860.35
MS-P-001578	PLATE LCP DISTAL TIBIAL 2.7/3.5 L 10HOLE SYNTHES #239.913	OS	25%	7,956.00	8,353.80	8,771.49
MS-P-001756	PLATE PROVIDENCE 69MM 3LEVELS #150.369	OS	25%	4,977.01	5,225.86	5,487.15
MS-P-001771	PLATE LCP SUPERIOR ANTERIOR CLAVICLE 3.5, 8HOLES LEFT L120MM #02.112.031	OS	25%	6,708.24	7,043.65	7,395.83
MS-P-001821	PLATE HUMERAL PHILOS-LONG PROXIMAL DIAPHYSEAL 3.5,3HOLES#241.916	OS	25%	5,992.56	6,292.19	6,606.80
MS-P-001838	PLATE LCP-PLT 5HOLE 4.5/5.0 ,LEFT,5HOLES,LENGTH 140MM #222.221	OS	25%	4,384.80	4,604.04	4,834.24
MS-R-000307	ROPE TIGHT ACL # AR-1588RT	OS	25%	2,016.00	2,116.80	2,222.64



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-R-000334	ROD STRAIGHT 5.5MM L 130MM SOFAMOR #7571130	OS	25%	3,813.60	4,004.28	4,204.49
MS-R-000352	ROD VERTEX 3.2 X 240MM TITANIUM MEDTRONIC #6900240	OS	25%	1,252.80	1,315.44	1,381.21
MS-R-000376	ROD STRAIGHT 5.5X400MM #124.520	OS	25%	3,326.40	3,492.72	3,667.36
MS-S-000012	STENT TAXUS DRUG ELUTING (ALL SIZES)	OS	25%	7,776.00	8,164.80	8,573.04
MS-S-000627	SUTURE PROLENE 5/0 ATRAMAT#CE1265	OS	25%	12.00	12.60	13.23
MS-S-001335	SOLUTION HIBISCRUB CIDASTAT W/2% CHLORHEXIDINE & 4% ALCHOL (500ML/BTL)	OS	25%	24.00	25.20	26.46
MS-S-001365	SOLUTION SCRUB ALPHADINE POVIDINE IODINE 7.5% BTL/5LTR	OS	25%	0.04	0.04	0.04
MS-S-001579	SCREW CORTICAL S/STEEL 4.5X28MM IRINE #S50004528	OS	25%	55.74	58.53	61.45
MS-S-001996	SHEET RADIAL 6FR # RM*AF6J10SQW	OS	25%	400.00	420.00	441.00
MS-S-002124	SCREW 9MMX30MM #72201782	OS	25%	1,852.59	1,945.22	2,042.48
MS-S-002134	SWAB GAUZE 10x10CM 16PLY XRY DETECTABLE STERILE	OS	25%	0.64	0.67	0.71
MS-S-002381	SCREW 6.5MM X 40MM SEXTANT SOFAMOR #7576540	OS	25%	3,334.80	3,501.54	3,676.62
MS-S-002382	SCREW SET SOFAMOR #7570955	OS	25%	1,152.00	1,209.60	1,270.08
MS-S-002461	SUTURE PROLENE 0 BLUE 100CM W/NDL ETHICON #W486	OS	25%	44.00	46.20	48.51
MS-S-002462	SUTURE PROLENE 0 BLUE 100CM W/NDL ETHICON #W753	OS	25%	56.00	58.80	61.74
MS-S-002500	STENT URETERAL POLARIS 6X24 BOSTON #192-132	OS	25%	560.00	588.00	617.40
MS-S-002748	SCREW CORTICALE 3.5 X 18 IRENE #T50013518	OS	25%	83.60	87.78	92.17
MS-S-002777	SCREW LOCKING SELF TAPING 3.5 X 28MM # 213.028	OS	25%	608.16	638.57	670.50
MS-S-002778	SCREW LOCKING SELF TAPING 3.5 X 40MM # 213.040	OS	25%	608.16	638.57	670.50
MS-S-002779	SCREW LOCKING SELF TAPING 3.5 X 42MM # 213.042	OS	25%	608.16	638.57	670.50
MS-S-002785	SCREW F/BONE LOCKING 3.5X30MM # 213.030	OS	25%	608.16	638.57	670.50
MS-S-002834	SCREW LOCK 3.5 S/TAP L50 SYNTES #213.050	OS	25%	608.16	638.57	670.50
MS-S-002838	SCREW LOCK 5.0 S/TAP L75 SYNTES #213.375	OS	25%	685.44	719.71	755.70
MS-S-002839	SCREW LOCK 5.0 S/TAP L80 SYNTES #213.380	OS	25%	685.44	719.71	755.70
MS-S-002849	SCREW LOCK 5.0 S/TAP L30 SYNTES #213.330	OS	25%	685.44	719.71	755.70
MS-S-002850	SCREW LOCK 5.0 S/TAP L36 SYNTES #213.336	OS	25%	685.44	719.71	755.70
MS-S-002865	SCREW LOCKING LCP 3.5 X 38MM S.TAPPING SYNTES #213.038	OS	25%	608.16	638.57	670.50
MS-S-002896	SCREW LOCK 3.5 S/TAP L55 SYNTES #213.055	OS	25%	608.16	638.57	670.50
MS-S-002909	SCREW LOCKING 3.5X18MM #213.018	OS	25%	608.16	638.57	670.50



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MS-S-002910	SCREW LOCKING 3.5X20MM #213.020	OS	25%	608.16	638.57	670.50
MS-S-003380	SCREW LOCK 5.0 S/TAP L70 SYNTHES #213.370	OS	25%	685.44	719.71	755.70
MS-S-003387	SCREW LOCK 5.0 S/TAP L32 SYNTHES #213.332	OS	25%	685.44	719.71	755.70
MS-S-003392	SCREW LOCK 5.0 S/TAP L50 SYNTHES #213.350	OS	25%	685.44	719.71	755.70
MS-S-003469	SOLUTION GLUCOSE 2.27% (5LITER) #13K07K1	OS	25%	120.00	126.00	132.30
MS-S-003573	SCREW LOCK 5.0 S/TAP L55 SYNTHES #213.355	OS	25%	685.44	719.71	755.70
MS-S-003647	SCREW LOCKING LCP 3.5 X 36MM S.TAPPING SYNTHES # 213.036	OS	25%	608.16	638.57	670.50
MS-S-003916	SCREW CORTEX 3.5MM,SELF TAPPING L20 #204.820	OS	25%	288.96	303.41	318.58
MS-S-003919	SCREW CORTEX 3.5MM,SELF TAPPING L26 #204.826	OS	25%	319.20	335.16	351.92
MS-S-003920	SCREW LOCKING 3.5MM,SELF TAPPING L44 #213.044	OS	25%	608.16	638.57	670.50
MS-S-003921	SCREW LOCKING 3.5MM,SELF TAPPING L46 #213.046	OS	25%	608.16	638.57	670.50
MS-S-003923	SPONGE SOAPY LUMERO SPONGITA HYPOALLERGENIC BUILT SHEET F/PATIENT HYGIENE	OS	25%	12.00	12.60	13.23
MS-S-004042	SCREW FULL THREAD 8 X 28MM BIO-INTERFERENCE #AR-1380TB	OS	25%	1,612.80	1,693.44	1,778.11
MS-S-004045	SCREW VERTEX MULTI AXIAL 4.0 X 16MM SOFAMOR # 6958816	OS	25%	2,352.00	2,469.60	2,593.08
MS-S-004247	STICK FIBER ARTHERX #AR-7209	OS	25%	611.52	642.10	674.20
MS-S-004296	SCREW REVERE PEDICLE 5.5X35MM #124.453	OS	25%	2,494.80	2,619.54	2,750.52
MS-S-004394	SCREW SELF DRILLING 4.2X16MM FIXED ANGLE #150.016	OS	25%	1,305.60	1,370.88	1,439.42
MS-S-004417	SCREW CORTEX 3.5MM,SELF TAPPING L28 #204.828	OS	25%	319.20	335.16	351.92
MS-S-004436	SCREW CORTEX 3.5MM,SELF TAPPING L30 SYNTHES #204.830	OS	25%	319.20	335.16	351.92
MS-S-004452	SHAVER BLADE EXCALIBUR,5.0X13MM #AR-8500EX	OS	25%	1,008.96	1,059.41	1,112.38
MS-S-004559	SCREW CORTEX 3.5MM,SELF TAPPING L50 #204.850	OS	25%	319.20	335.16	351.92
MS-T-000282	TISSUE CHONDRO#CHO-113	OS	25%	28,800.00	30,240.00	31,752.00
MS-T-000516	TUBE ENDOTRACH 3.5MM UNCUFFED O/N PORTEX #100/111/035	OS	25%	24.00	25.20	26.46
MS-W-000040	WIRE GEMINI PAIRED HELICL BASKET 4 WIRE 5CM.	OS	25%	1,123.20	1,179.36	1,238.33
MS-W-000145	WAND, COVAC ARTHROCARE#	OS	25%	2,948.40	3,095.82	3,250.61
MS-W-000181	WIRE KIRSCHNER 1.8X120/150MM IRINE #E06027	OS	25%	24.00	25.20	26.46
MS-W-000257	WIRE GUIDE ZEBRA .038 X 150CM BOSTON #670-115	OS	25%	936.00	982.80	1,031.94
MS-W-000258	WIRE GUIDE ZEBRA .038 X 150CM BOSTON #670-114	OS	25%	936.00	982.80	1,031.94



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-W-000306	WIRE GUIDE SENSOR 0.035X STRAIGHT BOSTON #670-305	OS	25%	720.00	756.00	793.80
MS-W-000376	WIRE GUIDE PTCA FIELDER FC	OS	25%	1,440.00	1,512.00	1,587.60
MS-W-000397	WIRE GUIDE SEXTANT SOFAMAR BLUNT #8670001	OS	25%	1,017.60	1,068.48	1,121.90
P09STELA2J	STELARA 45 MG/ML PREFILLED SYRINGE	OS	25%	11,527.03	12,103.38	12,708.55
005287	TUBERCULIN PPD 10 IU INJ	OS	25%	218.88	229.82	241.32
005351	SILICON INSALE	OS	25%	109.25	114.71	120.45
005592	POTASSIUM PHOSPHATE INJ 15ML	OS	25%	61.75	64.84	68.08
005687	NOVALAC AR1 INFANT MILK FORMULA	OS	25%	41.00	43.05	45.20
005688	NOVALAC AR2 FOLLOW-ON FORMULA MILK	OS	25%	41.00	43.05	45.20
005791	MARCAINE SPINAL HEAVY 0.5% 4ML X 5	OS	25%	47.50	49.88	52.37
006392	ANKLE SUPPORT M	OS	25%	41.95	44.05	46.25
007649	PEDIASURE POWDER 400GM.	OS	25%	45.00	47.25	49.61
007653	MITOMYCIN 10MG INJ.X 1	OS	25%	380.00	399.00	418.95
007677	PHENYLEPHRINE 1% 10MG/ML X 10	OS	25%	47.50	49.88	52.37
007894	BLEMIL PLUS 1 (INFANT MILK) 400 GM .	OS	25%	31.00	32.55	34.18
008394	METENIX 5MG TABLET X 100 (10 STRIP/BOX)	OS	25%	166.25	174.56	183.29
008890	SUSPENSORY XL FUTURO (TESTICULAR) #008076	OS	25%	41.04	43.09	45.25
011379	SENSOR FLOW INSERT NEONATAL DRAGER #8410179	OS	25%	259.37	272.34	285.96
014384	SENSOR O2 F/VENTILATOR BABYLOG-8000 DRAGER #6850645	OS	25%	1,220.26	1,281.27	1,345.34
017500	UMBILICAL CORD CLAMP PLASTIC DISP MEDINORM #44-00-000.	OS	25%	0.95	1.00	1.05
017504	CANNULA IV VENFLON 22G W/PORT ..	OS	25%	4.75	4.99	5.24
017508	CANNULA NASAL PEDIA #125-M-12A/1163	OS	25%	17.55	18.43	19.35
017509	FILTER HME HYDRO TRACH T W/O2 CONNECT TUBE COVIDIEN No.353/19004	OS	25%	45.96	48.26	50.67
017527	TUBE ENDOTRACH NASAL CUFFED 5.5MM #100-179-055	OS	25%	54.58	57.31	60.17
017538	MASK LARYNGEAL SIZE 4 DISPOSABLE #321400000.	OS	25%	91.40	95.97	100.77
017539	MASK LARYNGEAL SIZE 3 DISPOSABLE #321300000	OS	25%	91.93	96.53	101.35
017556	CATHETER DOUBLE LUMEN CVC 7FR 15~20CM #ZKDND7F/20	OS	25%	418.47	439.39	461.36
017592	LEAD PACING TEMPORARY MYOCARDIAL MEDTRONIC #6495/6500	OS	25%	1,096.59	1,151.42	1,208.99
017626	CATHETER NELATON MALE 18CH #14-18	OS	25%	4.79	5.03	5.28
017638	BANDAGE FIBERGLASS WHITE 4" 3M	OS	25%	39.90	41.90	43.99



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017644	DIAPER INFANT MEDIUM 5~9 KGS SIZE#3	OS	25%	3.18	3.34	3.51
017679	MASK OXYGEN PEDIA NON-REBREATHING AIRLIFE DRAGER #MP01930	OS	25%	26.81	28.15	29.56
017717	CATHETER NELATON MALE 16CH #14-16	OS	25%	3.74	3.93	4.12
017762	NEBULIZER MISTY PEDIATRIC #64095/1484/8906	OS	25%	12.71	13.35	14.01
017776	GUEDEL AIRWAY SIZE 0 CHILD BLACK STERILE DISPOSABLE	OS	25%	4.79	5.03	5.28
018099	CATHETER SHEATH INTRODUCER KIT 6FR 11CM #563311/504-606X	OS	25%	191.52	201.10	211.15
018101	CATHETER FOLEY BALLOON 2WAY 16FR 30ML SILICONE	OS	25%	37.21	39.07	41.02
018130	CATHETER EMBOLECTOMY 4CH 80CM RUSCH #337000/300480/54148	OS	25%	1,106.44	1,161.76	1,219.85
018213	INTUBATION STYLET ADULT PORTEX #100/120/300	OS	25%	56.18	58.99	61.94
018214	CATHETER NELATON MALE 14CH #14-14-100	OS	25%	2.49	2.61	2.75
018266	CATHETER FOLEY BALLOON 2-WAY 8FR 3ML SILICONE	OS	25%	39.33	41.30	43.36
018278	COLLAR CERVICAL HARD EXO-STATIC LARGE W/CHIN PIECE	OS	25%	102.14	107.25	112.61
018340	TUBE ENDOTRACH 6.0MM CUFFED ORAL NASAL PORTEX #100/150/060	OS	25%	54.58	57.31	60.17
018342	TUBE TRACHEOSTOMY 7.0MM CUFFED NON-FENESTRATED PORTEX #100/518/070-100/870/070-100/800/070	OS	25%	306.43	321.75	337.84
018359	BANDAGE POP GYPSONA 10x270CM	OS	25%	18.19	19.10	20.05
018383	CANNULA IV VENFLON 16G W/PORT..	OS	25%	5.62	5.90	6.20
018413	CANNULA ARTERIAL 20G BD/VIGGO #682245/4440-4	OS	25%	76.61	80.44	84.46
018416	CATHETER FOLEY BALLOON 2WAY 6FR 5ML SILICONE	OS	25%	34.47	36.19	38.00
018459	DIAPER INFANT SMALL 3~6 KGS SIZE#2	OS	25%	1.60	1.68	1.76
018462	BANDAGE ELASTIC 15CMx5YDS LENKELAST	OS	25%	8.69	9.12	9.58
018472	BANDAGE DELTA ROLL 7.5CMx2.75M #51692	OS	25%	7.49	7.86	8.26
018479	DRESSING SURGICAL 9x10CM CURAPOR/MEPORE #30511/670900	OS	25%	3.93	4.13	4.33
018493	SHIELD EYE PLASTIC UNIVERSAL LOOK 100 CLEAR W/HOLES #G701/AR500	OS	25%	19.15	20.11	21.11
018505	BAG URINE COLLECTION PEDIATRIC	OS	25%	0.66	0.69	0.73
018511	BANDAGE POP GYPSONA 15x270CM	OS	25%	18.88	19.82	20.82
018512	BANDAGE POP GYPSONA 7.5x270CM	OS	25%	19.42	20.39	21.41
018519	NASAL PACK EPISTAXIS 8.0x1.5x2.0CM BOSTON #NP-801520	OS	25%	114.91	120.66	126.69
018520	PACK NASAL EPISTAXIS 10x1.5x2.5CM IVALON/MEROCEL/BOSTON #Q602310/440406/EP-1001525	OS	25%	110.32	115.84	121.63
018536	CAP SURGEON F/DOCTORS HOOD	OS	25%	0.38	0.40	0.42
018537	BAG COLOSTOMY W/GUM 38-63MM DRAINABLE UNIDRESS #62446/8900/22771/3630	OS	25%	33.53	35.21	36.97
018539	COVER OVERSHOES NON WOVEN	OS	25%	0.65	0.68	0.72
018542	SHROUD KIT ADULT DISPOSABLE	OS	25%	122.57	128.70	135.13



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
018547	GLYCINE 1.5% F/IRRIGATION 2000ML #FBG-E-0507-2000	OS	25%	76.61	80.44	84.46
018548	SODIUM CHLORIDE 0.9% F/IRRIGATION 2000ML	OS	25%	68.95	72.40	76.02
018559	DISINFECTANT ISOPROPYL ALCOHOL 70% SPRAY 250ML SKINDESS/NAPHCARE	OS	25%	21.83	22.92	24.07
018561	SODIUM CHLORIDE 0.9% F/IRRIGATION 1000ML W/SCREW CAP	OS	25%	14.70	15.44	16.21
018562	SODIUM CHLORIDE 0.9% F/IRRIGATION 3000ML BAG	OS	25%	114.91	120.66	126.69
018584	DRAPE STERILE 48x118"" F/ZEISS OPMI MD #326071-0000/326070/4862UK.	OS	25%	459.65	482.63	506.76
018602	ARM SLING STRAP CHILD SMALL SCOTT #1202-01	OS	25%	38.30	40.22	42.23
018608	BANDAGE FIBERGLASS WHITE 3" 3M	OS	25%	44.69	46.92	49.27
018616	TUBE FEEDING 8FR STERILE DISPOSABLE	OS	25%	3.40	3.57	3.75
018625	AIRWAY NASO PHARYNGEAL 6.0MM PORTEX #100/210/060	OS	25%	49.80	52.29	54.90
018628	TUBE FEEDING 10FR STERILE DISPOSABLE	OS	25%	4.08	4.28	4.50
018635	CATHETER NELATON MALE 24CH #14-2.	OS	25%	3.95	4.15	4.35
018650	TUBE ENDOTRACH REINFORCED 7.5MM CUFFED #5-12615/100/110/075/104202	OS	25%	89.89	94.38	99.10
018653	TUBE ENDOTRACH REINFORCED 5.0MM CUFFED #5-12610/118-50.	OS	25%	122.57	128.70	135.13
018667	CATHETER CHESTDRAIN W/TROCAR 32FR	OS	25%	91.93	96.53	101.35
018668	CATHETER CHESTDRAIN W/TROCAR 28FR	OS	25%	134.06	140.76	147.80
018671	INTUBATION STYLET PEDIATRIC PORTEX #100/120/100	OS	25%	65.12	68.38	71.79
018672	GUEDEL AIRWAY SIZE 4 ADULT YELLOW STERILE DISPOSABLE	OS	25%	4.67	4.90	5.15
018673	GUEDEL AIRWAY SIZE 3 ADULT YELLOW STERILE DISPOSABLE	OS	25%	4.58	4.81	5.05
018674	GUEDEL AIRWAY SIZE 2 WHITE STERILE DISPOSABLE	OS	25%	4.79	5.03	5.28
018681	TUBE ENDOTRACH 2.5MM UNCUFFED ORAL NASAL PORTEX #100/111/025-100/141/025.	OS	25%	32.01	33.61	35.29
018715	CANNULA IV VENFLON 14G W/O PORT	OS	25%	6.32	6.64	6.97
018716	CANNULA IV VENFLON 18G W/PORT	OS	25%	5.83	6.12	6.43
018717	CANNULA IV VENFLON 20G W/PORT	OS	25%	5.01	5.26	5.52
018728	SYRINGE 5ML W/O NEEDLE STERILE #SS*05L	OS	25%	0.80	0.84	0.88
018731	CATHETER DUAL LUMEN 11.5FRx13.5CM STRAIGHT	OS	25%	820.80	861.84	904.93
018738	INFUSION SET INTRAFIX DISPOSABLE B/BRAUN	OS	25%	2.62	2.75	2.89
018741	CANNULA NASAL OXYGEN NEONATES SOFT TIP SALTERLAB #1610/032-10-105.	OS	25%	14.36	15.08	15.83
018747	TUBING PERFORATOR MACHINE TERUMO/B.BRAUN #SF*ET152EL22/872296	OS	25%	29.97	31.47	33.04
018752	CANNULA NASAL OXYGEN ADULT AIRLIFE SALTER LAB #1600/1161/# 33239.	OS	25%	8.59	9.02	9.47
018788	GOGGLES PLASTIC	OS	25%	74.31	78.03	81.93
018792	CARTRIDGE ACT MEDTRONIC/HEMOCHRON #402-03/JACT+	OS	25%	33.60	35.28	37.04
018837	TRANSDUCER SINGLE KIT DISPOSABLE BD #682002	OS	25%	266.21	279.52	293.50



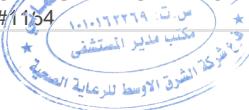
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
018841	WIRE GUIDE 0.35x145~150CM "J" TIP MEDTRONIC #007042/SCH38025/502521	OS	25%	197.90	207.80	218.18
018844	TUBING RESPIRATORY SYSTEM INTERSURGICAL #2010/70156/1780/7.	OS	25%	100.54	105.57	110.85
018852	DRAIN CHEST 2 BOTTLE SET STERILE #8888-571299/AA-8000/8002	OS	25%	564.03	592.23	621.84
018856	CATHETER EMBOLECTOMY 3CH 80CM RUSCH #337000/54138/300380	OS	25%	1,106.44	1,161.76	1,219.85
018857	GUEDEL AIRWAY SIZE 00 INFANT BLUE STERILE DISPOSABLE.	OS	25%	4.30	4.52	4.74
018859	TUBE FEEDING 6FR STERILE DISPOSABLE	OS	25%	2.17	2.28	2.39
018867	CATHETER FOLEY BALL. 2WAY/18CH/15-30ML SILICONE BARD #166818	OS	25%	44.05	46.25	48.57
018871	CATHETER NELATON MALE 12CH #14-12-100.	OS	25%	2.41	2.53	2.66
018874	TUBE ENDOTRACH 4.5MM UNCUFFED ORAL NASAL PORTEX #100/141/045.	OS	25%	36.28	38.09	40.00
018877	TUBE ENDOTRACH 4.0MM UNCUFFED ORAL NASAL PORTEX #100/111/040-100/141/040	OS	25%	42.04	44.14	46.35
018881	CATHETER FOLEY BALLOON 2WAY 18CH 30ML SILICONE	OS	25%	39.33	41.30	43.36
018884	CATHETER FOLEY BALLOON 2WAY 12CH 30ML SILICOLATEX	OS	25%	16.53	17.36	18.22
018892	TUBE ENDOTRACH 3.0MM UNCUFFED ORAL NASAL PORTEX #100/111/030	OS	25%	34.47	36.19	38.00
018904	BAND-AID SPOTS 7/8x7/8"" #4930.	OS	25%	0.26	0.27	0.29
018912	SPONGE LAP PREWASHED 18x18" 4-PLY X-RAY DETECTABLE STERILE	OS	25%	8.28	8.69	9.13
019092	CATHETER INTRA AORTIC BALLOON 7.5/8FR 40CC DATASCOPE #0684-00-0480-01/IAB-04840U.	OS	25%	4,158.72	4,366.66	4,584.99
019429	CLOTH WHITE F/WRAPPING DEAD BODIES 100% COTTON 150CMX20YDS.	OS	25%	5.97	6.27	6.58
019446	GOWN ISOLATION #JM-G2101	OS	25%	6.03	6.33	6.65
019481	CUFF NIBP NEONATAL SIZE 1 DISPOSABLE #1008B/K30/NN1ST	OS	25%	90.12	94.63	99.36
019924	FILTER FILTRA GUARD F/RESUSITOR #MP01805/1544000/1944	OS	25%	28.32	29.74	31.22
019935	CATHETER FOLEY BALLOON 2WAY 14FR 5ML SILICONE	OS	25%	32.95	34.60	36.33
020017	BALLOON DILATOR URETERAL KIT 5FR 75CM BOSTON/ALLWIN #225-100/UBD5/4	OS	25%	1,231.20	1,292.76	1,357.40
020027	FILTER .02µm NEONATAL INTRAVENOUS NANODYNE PALL #NEO96E/VM0112IP	OS	25%	68.95	72.40	76.02
020028	FILTER 1.2µm PARENTERAL NUTRITION LIPIPOR NEO #NLF1E/NLF2E/VM0090IP	OS	25%	68.95	72.40	76.02
020030	OXYGEN T-KIT RECOVERY 40% #1040013/1040001	OS	25%	30.64	32.17	33.78
020040	TUBE ENDOTRACH 3.5MM UNCUFFED ORAL NASAL	OS	25%	34.47	36.19	38.00
020090	CATHETER FOLEY BALLOON 2WAY/18FR/	OS	25%	4.92	5.17	5.42
020236	MASK FACE PARTICULATE RESPIRATOR N95#093-3395/1860	OS	25%	42.14	44.25	46.46
020244	MASK LARYNGEAL SIZE 5 DISPOSABLE #321500000	OS	25%	88.10	92.51	97.13
020252	SOLUTION MULTIBIC 2KMMOL 5000ML #9670201	OS	25%	378.48	397.40	417.27
020254	SOLUTION ALCOHOL ISOPROPYL DISINFECTANT 500ML/BTL MEDISOL #PRB024	OS	25%	42.13	44.24	46.45



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020509	TRANSDUCER DOUBLE KIT DISPOSABLE BD #682032	OS	25%	460.61	483.64	507.82
020756	CONTAINER SPECIMEN 120ML W/COVER STERILE #JM-C1001	OS	25%	0.32	0.34	0.35
020892	VALVE CSF FLOW CONTROL 16MM BURR HOLE MEDTRONIC #42544	OS	25%	2,122.04	2,228.14	2,339.55
021119	WIRE BORING KIRSCNER 15CMX2.0MM AESCULAP #LX140S	OS	25%	63.55	66.73	70.06
021578	SUTURE ETHIBOND EXCEL 5 GREEN 4x75CM ETHICON #W4846	OS	25%	72.78	76.42	80.24
021582	MESH PROLENE 15X15CM ETHICON # PVMM1.	OS	25%	1,608.77	1,689.21	1,773.67
021614	SCALPEL BLADE SIZE #11 W/HANDLE STERILE	OS	25%	7.85	8.24	8.65
021634	SUTURE ETHIBOND 2-0 GREEN 90CM ROUND NEEDLE 1/2C ETHICON/COVIDIEN #W6767/888339561	OS	25%	51.07	53.62	56.30
021635	SUTURE PROLENE 4/0 90CM ETHICON/PETER #W8761/20S151/EH7585H.	OS	25%	40.00	42.00	44.10
021649	SUTURE ENDOLOOP VICRYL COATED 0 VIOLET 45CM ETHICON #EJ10G	OS	25%	383.04	402.19	422.30
021667	SUTURE VICRYL VIOLET 1 75CM ROUND BODY ETHICON #W9213	OS	25%	60.86	63.90	67.10
021670	SUTURE VICRYL VIOLET 0 75CM ETHICON #W9230/VCP352H.	OS	25%	38.54	40.47	42.49
022428	SUTURE MERSILK BLACK 2/0 75CM ETHICON #W667H/D&G 1093-51/1084-51.	OS	25%	27.26	28.62	30.05
022432	SUTURE PROLENE 1 BLUE 100CM ETHICON/COVIDIEN #W742/CP535/D&G 3465-71	OS	25%	47.88	50.27	52.79
022442	SUTURE PROLENE BLUE 3/0 45CM ETHICON #W8684/DW9422R	OS	25%	33.53	35.21	36.97
022664	NEEDLE HYPO 25Gx5/8" STERILE #NN*2516R	OS	25%	0.38	0.40	0.42
022668	NEEDLE HYPO 19Gx1.5" STERILE #NN*1938R	OS	25%	0.30	0.32	0.33
022758	PLATE SCOTCH PEDIATRIC DISPOSABLE 3M #1146/1202H	OS	25%	26.81	28.15	29.56
022759	PLATE SCOTCH ADULT DISPOSABLE 3M #1149/1201H/1210H	OS	25%	26.15	27.46	28.83
022764	WIRE BORING KIRSCNER 1.2MMx15CM AESCULAP No.LX12S	OS	25%	42.13	44.24	46.45
022821	MESH PROLENE 30x30CM ETHICON #PML1/P1-3030	OS	25%	1,783.87	1,873.06	1,966.72
022862	SUTURE VICRYL 4-0 VIOLET 60CM ETHICON #W9067	OS	25%	53.19	55.85	58.64
022867	SURGICAL HAEMOSTAT 10x20CM (4x8") ETHICON #W1912/1902GB	OS	25%	672.89	706.53	741.86
022869	SUTURE PROLENE 5/0 45CM BLUE ETHICON #W527/D&G 3414-23	OS	25%	44.54	46.77	49.11
022874	SUTURE VICRYL VIOLET 2 75CM ETHICON #W9252/D&G 9836-81	OS	25%	46.44	48.76	51.20
022883	SCALPEL BLADE SIZE #15 W/HANDLE STERILE.	OS	25%	13.41	14.08	14.78
022925	SCREW CORTEX 2.0X14MM PURE TITANIUM # 401.114	OS	25%	228.83	240.27	252.29
022947	SUTURE PROLENE 5-0 BLUE 75CM ETHICON #W8721	OS	25%	68.95	72.40	76.02
022964	SUTURE VICRYL VIOLET UNDYED 5/0 45CM ETHICON #W9982	OS	25%	66.82	70.16	73.67
022965	SUTURE PROLENE BLUE 4/0 45CM ETHICON #W525/D&G 4414-33	OS	25%	25.70	26.99	28.33
023876	WIRE BORING KIRSCNER 1.4CMx15CM AESCULAP No.LX134S	OS	25%	42.13	44.24	46.45



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
023932	SUTURE VICRYL UNDYED 5/0 45CM ETHICON #W9832T	OS	25%	97.68	102.56	107.69
024092	SUTURE VICRYL PLUS 1 VIOLET 70CM ETHICON #VCP353H/W9368/VCP359	OS	25%	62.44	65.56	68.84
024099	SUTURE VICRYL 4/0 ETHICON #W9074 (D&G #9602-31)	OS	25%	42.64	44.77	47.01
024329	SUTURE PROLENE BLUE 6/0 60CM ETHICON/PETER #W8707/20S07A	OS	25%	84.02	88.22	92.63
025415	CONTRAST MEDIA F/CT OMNIPACQUE 300MGx50ML	OS	25%	50.99	53.54	56.22
025897	STERISTRIP 1/2"x4" 3M #R1547	OS	25%	13.29	13.95	14.65
026031	STRIP BLOOD GLUCOSE TEST ONE TOUCH F/LIFE SCAN ELITE J&J #02307501.	OS	25%	15.32	16.09	16.89
026665	COTTON ROLL 500GMS	OS	25%	37.34	39.21	41.17
026719	SAPOFEN SUSPENTION 145 ML	OS	25%	8.94	9.39	9.86
026856	CONTRAST MEDIA F/CT OMNIPACQUE 300MGx100ML.	OS	25%	107.68	113.06	118.72
027025	BETADINE ANTISEPTIC SOLN 200ML CHEM.RAW.MATERIAL	OS	25%	32.83	34.47	36.20
027089	HYOPAN 5MG/5ML SYRUP 100ML	OS	25%	6.11	6.42	6.74
027201	DRESSING SHEET 15CMx10M HYPAFIX/CURAFIX	OS	25%	0.05	0.05	0.06
027205	HYPAFIX DRESSING SHEET 20CMx10M	OS	25%	0.17	0.18	0.19
036486	VASOPRESSIN 20 U/ML VAIL	OS	25%	45.60	47.88	50.27
036767	HISTOMER SENSITIVE SKIN CLEANSING GEL	OS	25%	127.68	134.06	140.77
036856	NEBULIZER MACHINE MADE IN ITALY 220V	OS	25%	296.93	311.78	327.37
036997	ALPHA 3	OS	25%	117.65	123.53	129.71
037365	TUBE ENDOTRACH 3.5MM UNCUFFED ORAL NASAL PORTEX #100/111/035-100/105/035-100/141/035	OS	25%	34.47	36.19	38.00
037584	MASK FACE ANAESTHESIA ECOMASK SIZE 5 LARGE ADULT #MP01515/7095000	OS	25%	37.75	39.64	41.62
037593	SUTURE MONOCRYL PLUS 3-0 26MM ETHICON #MCP3213H/W3326	OS	25%	51.23	53.79	56.48
038539	MASK LARYNGEAL SIZE 2 DISPOSABLE #321200000/8002000	OS	25%	99.59	104.57	109.80
038540	MASK LARYNGEAL SIZE 2.5 DISPOSABLE #321250000/8002500	OS	25%	88.10	92.51	97.13
038549	CATHETER IV UMBILICAL ARTERY 6FR	OS	25%	24.42	25.64	26.92
038923	BLADE F/LARYNGOSCOPE MILLER SIZE 0 DISPOSABLE	OS	25%	72.37	75.99	79.79
038926	BLADE F/LARYNGOSCOPE MACINTOSH SIZE 3 DISPOSABLE #7043000	OS	25%	82.09	86.19	90.50
038927	BLADE F/LARYNGOSCOPE MACINTOSH SIZE 4 DISPOSABLE #7044000	OS	25%	80.07	84.07	88.28
038993	SUTURE ETHIBOND EXCEL 2-0 GR/WH 10x75CM W/O PLEDGET NEEDLE 26MM ETHICON #W10B72	OS	25%	632.02	663.62	696.80
038994	SUTURE ETHIBOND EXCEL 2-0 GR/WH 10x75CM W/PLEDGET NEEDLE 26MM ETHICON #W10B77	OS	25%	1,017.79	1,068.68	1,122.11
039132	DRAPE SURGICAL COVER 150x120~190CM STERILE #JM-OP6076	OS	25%	47.88	50.27	52.79
039153	BREATHING SYSTEM PEDIATRIC W/1 LTR BAG & 0.8M LIMB #MP00351/4500000	OS	25%	134.06	140.76	147.80
039332	CANNULA NASAL NEONATAL W/1.8M TUBING INTERSURGICAL #1154	OS	25%	21.43	22.50	23.63



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039372	AVOMACK SOLUTION	OS	25%	18.24	19.15	20.11
039628	CLIP LIGATING SMALL TITANIUM ETHICON #LT100/EVC110.	OS	25%	135.98	142.78	149.92
039629	CLIP LIGATING MEDIUM TITANIUM ETHICON #LT200/EVC010	OS	25%	149.08	156.53	164.36
039729	C SERUM COMPLEX 30ML	OS	25%	218.88	229.82	241.32
039748	SUTURE MERSILK 1 BLACK 180CM W/O NEEDLE ETHICON/ATRAMAT #W195/SS1038	OS	25%	27.10	28.46	29.88
039953	HEART VALVE AORTIC SIZE 25MM SORIN #R5-025/ART25LFA	OS	25%	9,669.02	10,152.47	10,660.09
040295	ARM SLING M/S.	OS	25%	45.60	47.88	50.27
040453	GLOVES EXAMINATION LATEX MEDIUM POWDER FREE	OS	25%	0.51	0.54	0.56
041170	ONE TOUCH ULTRA STRIPS	OS	25%	2.28	2.39	2.51
041294	FLECTOR EP TISSUEGEL	OS	25%	7.36	7.73	8.11
042464	LANCETS ULTRA SOFT	OS	25%	0.50	0.53	0.55
042466	TUBE BRONCHIAL DOUBLE LUMEN LEFT SIDE 37FR PORTEX #198-37L	OS	25%	1,017.79	1,068.68	1,122.11
043716	CUFF NIBP NEONATAL SIZE 2 DISPOSABLE #1008B/K30/NN2ST	OS	25%	140.19	147.20	154.56
043717	CUFF NIBP NEONATAL SIZE 3 DISPOSABLE #1008B/K30/NN3ST	OS	25%	140.19	147.20	154.56
043718	CUFF NIBP NEONATAL SIZE 4 DISPOSABLE #1008B/K30/NN4ST	OS	25%	140.19	147.20	154.56
043979	IV ADM	OS	25%	45.60	47.88	50.27
043980	IVP 01	OS	25%	1,824.00	1,915.20	2,010.96
044163	GLOVES EXAMINATION VINYL SMALL POWDER FREE	OS	25%	0.25	0.26	0.28
044506	SPONGE LAP PREWASHED 45x45CM 12PLY X-RAY DETECTABLE STERILE	OS	25%	10.26	10.77	11.31
045571	TUBING SET & TIP E9010 DRILL W/ IRRIGATION #E9415A	OS	25%	1,638.32	1,720.24	1,806.25
045934	NAVELBINE 30MG CAPSULE	OS	25%	570.00	598.50	628.43
046155	STENT URETERAL LITHO 6FR 26CM BOSTON/ACMI/COLOPLAST #192133/5636026/ACB164.	OS	25%	779.21	818.17	859.08
046374	PHARMACY ALCOHOL SWAB	OS	25%	0.05	0.05	0.06
046484	OPPO 1089 XL/S WRIST THUMB SUPPORT	OS	25%	50.16	52.67	55.30
047104	FILTER HME TWINSTAR HEPA DRAGER No.MP01801	OS	25%	38.85	40.79	42.83
047268	COLOMYCIN 2 MILLION IU INJ	OS	25%	45.60	47.88	50.27
047537	PHASEAL PROTECTOR P50	OS	25%	31.92	33.52	35.19
047539	PHASEAL CONNECTOR C40	OS	25%	13.68	14.36	15.08
047540	PHASEAL INFUSION ADAPTOR C100	OS	25%	27.36	28.73	30.16
047541	PHASEAL INJECTOR N31	OS	25%	30.10	31.61	33.19



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047556	TUBE BRONCHIAL 35FR DOUBLE LUMEN LEFT SIDE PORTEX No.198-35L	OS	25%	968.54	1,016.97	1,067.82
047630	PUTTY DBM 5CC BIOMET # 9085	OS	25%	4,979.52	5,228.50	5,489.92
047826	OPPO 2264 SACRO LUMB SUPPORT	OS	25%	129.96	136.46	143.28
047827	OPPO 2281 WRIST SUPPORT	OS	25%	31.92	33.52	35.19
047829	OPPO 2184 WRIST THUMB BRA	OS	25%	27.36	28.73	30.16
047830	OPPO 1084 WRIST THUMB SUPPORT	OS	25%	81.17	85.23	89.49
047831	OPPO 2082 SPLINT WRIST BRA	OS	25%	43.78	45.97	48.27
047837	OPPO 1009 ANKEL SUPPORT	OS	25%	136.80	143.64	150.82
047840	OPPO 2123 BACK KNEE SUPP	OS	25%	94.85	99.59	104.57
047841	OPPO 2060 ABDOMINAL BINDER	OS	25%	91.20	95.76	100.55
047945	TACHOSIL 9.5x4.8x0.5CM NYCOMED #623501	OS	25%	1,978.39	2,077.31	2,181.17
048161	CATHETER TRIPLE LUMEN 7FRx15CM	OS	25%	478.80	502.74	527.88
048193	ELOXATIN 50 MG [SANOFI- AVENTIS] VIAL X 1 VIAL	OS	25%	1,273.84	1,337.53	1,404.41
048259	WIRE GUIDE SUPER STIFF 0.035"x260CM MEDTRONIC #008631/6680-23	OS	25%	291.11	305.67	320.95
048373	OPPO 2822 COMPRESSION STOCKING ELASTIC	OS	25%	114.00	119.70	125.69
048382	LANCETS BOX X 200 COUNT	OS	25%	59.28	62.24	65.36
048573	SLOW K 600 MG X 100 TAB	OS	25%	142.50	149.63	157.11
048622	BCG UNIT DOSES PREPARATION	OS	25%	91.20	95.76	100.55
048756	SUTURE ETHIBOND EXCEL 2-0 GR/WH 10x75CM NEEDLE 1/2C 17MM ETHICON #W10B55	OS	25%	700.96	736.01	772.81
048802	CANNULA VENOUS SINGLE STAGE 34FR MEDTRONIC #66134	OS	25%	689.47	723.94	760.14
048900	PUTTY 0.5CC C43105 GRAFTON DBM OSTEOTECH #X13101	OS	25%	1,641.60	1,723.68	1,809.86
049561	GENGIGEL BABY TUBE GEL X 15 ML	OS	25%	38.30	40.22	42.23
049865	MCT OIL 946ML	OS	25%	1.45	1.52	1.60
049975	BLADE F/LARYNGOSCOPE MILLER SIZE 1 DISPOSABLE	OS	25%	25.17	26.43	27.75
050228	GYNO- DAKTARIN 400 MG VAGINAL CAP. X 3 CAP.	OS	25%	7.97	8.37	8.79
050528	OPPO 2260 ABDOMINAL BINDER S-M-L-XL	OS	25%	68.40	71.82	75.41
050547	RESTRAINT LIMB SOFT	OS	25%	229.82	241.31	253.38
050563	SUTURE PDS II PLUS VIO 1 150CM LOOP ETHICON#PDP9238T.	OS	25%	187.54	196.92	206.76
050565	MESH ULTRA PRO 15X15CM ETHICON#UMM3	OS	25%	1,575.94	1,654.74	1,737.47
050583	SONUTION BETADINE/POVIDINE 10% 200-250ML	OS	25%	38.30	40.22	42.23



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
11379	SENSORFLOWINSERTNEONATALDRAGER#8410179	OS	25%	259.37	272.34	285.96
15-140-94	TobrEX (Tobramycin) eye ointment X 3.5gm	OS	25%	17.05	17.90	18.80
17504	CANNULA IV VENFLON 22G W/PORT ..	OS	25%	4.75	4.99	5.24
17509	FILTER HME HYDRO TRACH T W/O2 CONNECT TUBE COVIDIEN No.353/19004.	OS	25%	45.96	48.26	50.67
17538	MASK LARYNGEAL SIZE 4 DISPOSABLE #321400000	OS	25%	91.40	95.97	100.77
17626	CATHETERELATONMALE18CH#14-18	OS	25%	4.79	5.03	5.28
17717	CATHETERELATONMALE16CH#14-16	OS	25%	3.74	3.93	4.12
17762	NEBULIZER MISTY PEDIATRIC #64095/1484/8906.	OS	25%	12.71	13.35	14.01
18099	CATHETER SHEATH INTRODUCER KIT 6FR 11CM #563311/504-606X.	OS	25%	191.52	201.10	211.15
18101	CATHETER FOLEY BALLOON 2WAY 16FR 30ML SILICONE.	OS	25%	37.21	39.07	41.02
18130	CATHETEREMBOLECTOMY4CH80CMRUSCH#337000/300480/5 4148	OS	25%	1,106.44	1,161.76	1,219.85
18213	INTUBATION STYLET ADULT PORTEX #100/120/300.	OS	25%	56.18	58.99	61.94
18344	TUBEENDOTRACH6.5MMCUFFEDORAL/NASALMALL#107-65/5-10313	OS	25%	54.58	57.31	60.17
18349	CATHETERCHESTDRAINW/TROCAR10FR	OS	25%	95.76	100.55	105.58
18353	TUBE ENDOTRACH 8.0MM CUFFED ORAL NASAL #100-166-080/100-199-080	OS	25%	45.49	47.76	50.15
18359	BANDAGE POP GYPSONA 10x270CM.	OS	25%	18.19	19.10	20.05
18383	CANNULA IV VENFLON 16G W/PORT .	OS	25%	5.62	5.90	6.20
18413	CANNULAARTERIAL20GBD/VIGGO#682245/4440-4	OS	25%	76.61	80.44	84.46
18472	BANDAGE DELTA ROLL 7.5CMx2.75M #51692.	OS	25%	7.49	7.86	8.26
18479	DRESSING SURGICAL 9x10CM CURAPOR/MEPORE #30511/670900.	OS	25%	3.93	4.13	4.33
18493	SHIELD EYE PLASTIC UNIVERSAL LOOK 100 CLEAR W/HOLES #G701/AR500.	OS	25%	19.15	20.11	21.11
18505	BAG URINE COLLECTION PEDIATRIC.	OS	25%	0.66	0.69	0.73
18511	BANDAGE POP GYPSONA 15x270CM.	OS	25%	18.88	19.82	20.82
18512	BANDAGE POP GYPSONA 7.5x270CM.	OS	25%	19.42	20.39	21.41
18537	BAG COLOSTOMY W/GUM 38-63MM DRAINABLE UNIDRESS #62446/8900/22771/3630.	OS	25%	33.50	35.18	36.93
18547	GLYCINE 1.5% F/IRRIGATION 2000ML #FBG-E-0507-2000.	OS	25%	76.61	80.44	84.46
18548	SODIUM CHLORIDE 0.9% F/IRRIGATION 2000ML.	OS	25%	68.95	72.40	76.02
18557	SOLUTIONPOVIDONEIODINE7.5%SCRUB1000ML#4475	OS	25%	76.61	80.44	84.46
18559	DISINFECTANT ISOPROPYL ALCOHOL 70% SPRAY 250ML SKINDESS/NAPHCARE.	OS	25%	21.83	22.92	24.07
18561	SODIUM CHLORIDE 0.9% F/IRRIGATION 1000ML W/SCREW CAP.	OS	25%	14.70	15.44	16.21
18562	SODIUMCHLORIDE0.9%F/IRRIGATION3000MLBAG	OS	25%	114.91	120.66	126.69
18584	DRAPE STERILE 48x118" F/ZEISS OPMI MD #326071-000/326070/4862UK	OS	25%	459.65	482.63	506.76



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
18589	SWABGAUZE10x10CM12PLYX-RAYDETECTABLESTERILE	OS	25%	0.72	0.76	0.79
18602	ARMSLINGSTRAPCHILD SMALL SCOTT#1202-01	OS	25%	38.30	40.22	42.23
18604	SKINTRACTIONKITADULTADHESIVETENSOPLAST#5611/66000 456	OS	25%	153.22	160.88	168.93
18608	BANDAGE FIBERGLASS WHITE 3" 3M.	OS	25%	44.69	46.92	49.27
18628	TUBEFEEDING10FRSTERILEDISPOSABLE	OS	25%	4.08	4.28	4.50
18646	CATHETEREMBOLECTOMY5CH80CM#337000/120805F/300580	OS	25%	1,106.44	1,161.76	1,219.85
18649	TUBEENDOTRACHREINFORCED8.0MMCUFFED#100-110-080/5-12616/118-80	OS	25%	122.57	128.70	135.13
18652	TUBEENDOTRACHREINFORCED5.5MMCUFFED#100-110-055/127-11/118-55	OS	25%	122.57	128.70	135.13
18653	TUBE ENDOTRACH REINFORCED 5.0MM CUFFED #5-12610/118-50	OS	25%	122.57	128.70	135.13
18654	TUBE ENDOTRACH REINFORCED 4.5MM UNCUFFED #100-113-045	OS	25%	122.57	128.70	135.13
18655	TUBEENDOTRACHREINFORCED4.0MMUNCUFFED#100-113-040	OS	25%	122.57	128.70	135.13
18659	TUBE ENDOTRACH 5.5MM CUFFED ORAL NASAL PORTEX #100/150/055-100/199/055	OS	25%	34.47	36.19	38.00
18671	INTUBATIONSTYLETPEDIATRICPORTEX#100/120/100	OS	25%	65.12	68.38	71.79
18681	TUBE ENDOTRACH 2.5MM UNCUFFED ORAL NASAL PORTEX #100/111/025-100/141/025	OS	25%	32.01	33.61	35.29
18715	CANNULA IV VENFLON 14G W/O PORT.	OS	25%	6.32	6.64	6.97
18716	CANNULA IV VENFLON 18G W/PORT.	OS	25%	5.83	6.12	6.43
18728	SYRINGE 5ML W/O NEEDLE STERILE #SS*05L.	OS	25%	0.80	0.84	0.88
18741	CANNULA NASAL OXYGEN NEONATES SOFT TIP SALTERLAB #1610/032-10-105	OS	25%	14.36	15.08	15.83
18752	CANNULA NASAL OXYGEN ADULT AIRLIFE SALTER LAB #1600/1161/# 33239	OS	25%	8.59	9.02	9.47
18788	GOOGLESPLASTIC	OS	25%	74.31	78.03	81.93
18792	CARTRIDGE ACT MEDTRONIC/HEMOCHRON #402-03/JACT+.	OS	25%	33.60	35.28	37.04
18798	TAPE MEASURE INFANT 24" DISPOSABLE TRI-STATE #791	OS	25%	0.96	1.01	1.06
18816	GELAQUASONICULTRASOUNDTRANSMISSION250ML	OS	25%	23.94	25.14	26.39
18837	TRANSDUCER SINGLE KIT DISPOSABLE BD #682002.	OS	25%	266.21	279.52	293.50
18844	TUBING RESPIRATORY SYSTEM INTERSURGICAL #2010/70156/1780/7	OS	25%	100.54	105.57	110.85
18852	DRAIN CHEST 2 BOTTLE SET STERILE #8888-571299/AA-8000/8002.	OS	25%	564.03	592.23	621.84
18857	GUEDEL AIRWAY SIZE 00 INFANT BLUE STERILE DISPOSABLE	OS	25%	4.30	4.52	4.74
18867	CATHETERFOLEYBALL.2WAY/18CH/15-30MLSILICONEBARD#166818	OS	25%	44.05	46.25	48.57
18869	CATHETER NELATON MALE 20CH #14-20-100	OS	25%	4.79	5.03	5.28
18874	TUBE ENDOTRACH 4.5MM UNCUFFED ORAL NASAL PORTEX #100/141/045	OS	25%	36.28	38.09	40.00
18884	CATHETER FOLEY BALLOON 2WAY 12CH 30ML SILICOLATEX.	OS	25%	16.53	17.36	18.22
19092	CATHETER INTRA AORTIC BALLOON 7.5/8FR 40CC DATASCORE #0684-00-0480-01/IAB-04840U	OS	25%	4,158.72	4,366.66	4,584.99



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
19283	TUBEENDOTRACH5.0MMCUFFEDORALNASAL#102001-5.0	OS	25%	54.58	57.31	60.17
19429	CLOTH WHITE F/WRAPPING DEAD BODIES 100% COTTON 150CMX20YDS	OS	25%	5.97	6.27	6.58
19446	GOWN ISOLATION #JM-G2101.	OS	25%	6.03	6.33	6.65
19451	MASKLARYNGEALSIZE1DISPOSABLEINTRAVENT/LMA#LMA1.0	OS	25%	99.59	104.57	109.80
19481	CUFF NIBP NEONATAL SIZE 1 DISPOSABLE #1008B/K30/NN1ST.	OS	25%	90.12	94.63	99.36
19924	FILTER FILTRA GUARD F/RESUSITOR #MP01805/1544000/1944.	OS	25%	28.32	29.74	31.22
19935	CATHETER FOLEY BALLOON 2WAY 14FR 5ML SILICONE.	OS	25%	32.95	34.60	36.33
20027	FILTER.02μmNEONATALINTRAVENOUSNANODYNEPALL#NEO9 6E/VM0112IP	OS	25%	68.95	72.40	76.02
20028	FILTER1.2μmPARENTERALNUTRITIONLIPIPORNEO#NLF1E/NL F2E/VM0090IP	OS	25%	68.95	72.40	76.02
20030	OXYGEN T-KIT RECOVERY 40% #1040013/1040001.	OS	25%	30.64	32.17	33.78
20065	TUBE ENDOTRACH 5.5MM UNCUFFED ORAL NASAL #5-10411	OS	25%	54.58	57.31	60.17
20183	STOCKINGANTI-EMBOLISMTHIGHXLLENGTH36-41CM	OS	25%	126.40	132.72	139.36
2019-0730	ACCU-CHEK PERFORMA GLUCOSE TEST STRIP X 50	OS	25%	2.04	2.14	2.25
2019-0736	ACCU-CHECK INSTANT KIT.	OS	25%	273.60	287.28	301.64
20236	MASK FACE PARTICULATE RESPIRATOR N95#093-3395/1860.	OS	25%	42.14	44.25	46.46
20244	MASKLARYNGEALSIZE5DISPOSABLE#321500000	OS	25%	88.10	92.51	97.13
20252	SOLUTION MULTIBIC 2KMMOL 5000ML #9670201.	OS	25%	378.48	397.40	417.27
20509	TRANSDUCERDOUBLEKITDISPOSABLEBD#682032	OS	25%	460.61	483.64	507.82
20756	CONTAINER SPECIMEN 120ML W/COVER STERILE #JM-C1001.	OS	25%	0.32	0.34	0.35
20892	VALVE CSF FLOW CONTROL 16MM BURR HOLE MEDTRONIC #42544.	OS	25%	2,122.04	2,228.14	2,339.55
21119	WIREBORINGKIRSCNER15CMX2.0MMAESCALAP#LX140S	OS	25%	63.55	66.73	70.06
215-11-84	MOSEGOR TAB. X 30 TAB.	OS	25%	16.82	17.66	18.54
21582	MESH PROLENE 15X15CM ETHICON # PVMM1	OS	25%	1,608.77	1,689.21	1,773.67
21614	SCALPEL BLADE SIZE #11 W/HANDLE STERILE.	OS	25%	7.85	8.24	8.65
21667	SUTUREVICRYLVIOLET175CMROUNDBODYETHICON#W9213	OS	25%	60.86	63.90	67.10
21670	SUTURE VICRYL VIOLET 0 75CM ETHICON #W9230/VCP352H	OS	25%	38.54	40.47	42.49
22428	SUTURE MERSILK BLACK 2/0 75CM ETHICON #W667H/D&G 1093-51/1084-51	OS	25%	27.26	28.62	30.05
22442	SUTURE PROLENE BLUE 3/0 45CM ETHICON #W8684/DW9422R.	OS	25%	33.53	35.21	36.97
22519	PATTIESSURGICAL1x3"CODMAN#80-1408/60-13	OS	25%	47.88	50.27	52.79
22520	PATTIESSURGICAL1/2x1/2"CODMAN#80-1400/60-06	OS	25%	47.88	50.27	52.79
22650	SCREW/CORTEX3.5x14MMLONG#LB184/400032180140	OS	25%	141.72	148.81	156.25
22668	NEEDLE, HYPO 19Gx1.5" STERILE #NN*1938R.	OS	25%	0.30	0.32	0.33



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22867	SURGICAL HAEMOSTAT 10x20CM (4x8") ETHICON #W1912/1902GB.	OS	25%	672.89	706.53	741.86
22869	SUTURE PROLENE 5/0 45CM BLUE ETHICON #W527/D&G 3414-23.	OS	25%	44.54	46.77	49.11
22874	SUTURE VICRYL VIOLET 2 75CM ETHICON #W9252/D&G 9836-81.	OS	25%	46.44	48.76	51.20
22883	SCALPEL BLADE SIZE #15 W/HANDLE STERILE	OS	25%	13.41	14.08	14.78
22964	SUTURE VICRYL VIOLET UNDYED 5/0 45CM ETHICON #W9982.	OS	25%	66.82	70.16	73.67
22965	SUTURE PROLENE BLUE 4/0 45CM ETHICON #W525/D&G 4414-33.	OS	25%	25.70	26.99	28.33
23230	PLATE LC-DCP 4 HOLE W/ACCENTRIC OUTER HOLE PURE TITAN#449.234	OS	25%	1,222.66	1,283.79	1,347.98
23449	SCREWCANNULATED7x32MMTHREADLENGTH80MM#25-0038-080/30607021080	OS	25%	856.92	899.77	944.75
23645	SCREWCANNULATED7x32MMTHREADLENGTH90MM#25-0040-090/30607021090	OS	25%	856.92	899.77	944.75
23932	SUTUREVICRYLUNDYED5/045CMETHICON#W9832T	OS	25%	97.68	102.56	107.69
24092	SUTURE VICRYL PLUS 1 VIOLET 70CM ETHICON #VCP353H/W9368/VCP359.	OS	25%	62.44	65.56	68.84
24329	SUTURE PROLENE BLUE 6/0 60CM ETHICON/PETER #W8707/20S07A.	OS	25%	84.02	88.22	92.63
25410	OMNIPAQUE350MGx100ML#14019	OS	25%	106.16	111.47	117.04
25415	CONTRAST MEDIA F/CT OMNIPAQUE 300MGx50ML.	OS	25%	50.99	53.54	56.22
26031	STRIP BLOOD GLUCOSE TEST ONE TOUCH F/LIFE SCAN ELITE J&J #02307501	OS	25%	15.32	16.09	16.89
26665	COTTON ROLL 500GMS.	OS	25%	37.34	39.21	41.17
26856	CONTRAST MEDIA F/CT OMNIPAQUE 300MGx100ML	OS	25%	107.69	113.07	118.73
27089	HYOPAN 5MG/5ML SYRUP 100ML.	OS	25%	6.11	6.42	6.74
30-57-02	CLEXANE 4000 ANTI-XA IU / 0.4 ML INJ. X 2 SYRINGES	OS	25%	19.12	20.08	21.08
36404	GRAFTVASCULAR6.0MMx70CMFLEXIBLE#F7006C	OS	25%	11,852.35	12,444.97	13,067.22
36486	VASOPRESSIN 20 U/ML VAIL.	OS	25%	45.60	47.88	50.27
36856	NEBULIZER MACHINE MADE IN ITALY 220V.	OS	25%	296.93	311.78	327.37
37365	TUBEENDOTRACH3.5MMUNCUFFEDORALNASALPORTEX#100/111/035-100/105/035-100/141/035	OS	25%	34.47	36.19	38.00
37463	INTUBATIONSTYLETOD4.2x335MMPORTEX#100/120/200	OS	25%	65.12	68.38	71.79
37594	SUTUREMONOCRYL4-0VIOLET26MMETHICON/COVIDIEN#W3212/SM5678	OS	25%	67.03	70.38	73.90
38539	MASKLARYNGEALSIZE2DISPOSABLE#321200000/8002000	OS	25%	99.59	104.57	109.80
38549	CATHETERIVUMBILICALARTERY6FR	OS	25%	24.42	25.64	26.92
38923	BLADE F/LARYNGOSCOPE MILLER SIZE 0 DISPOSABLE.	OS	25%	72.37	75.99	79.79
38986	SUTURE PROLENE 8/0 45CM W/NEEDLE ETHICON #W2777/PETER#20SO4B	OS	25%	318.89	334.83	351.58
39042	CONNECTORSTRAIGHT3/8x3/8MEDTRONIC/GISH#6062/EC2130 S/CP7161	OS	25%	95.76	100.55	105.58
39332	CANNULANASALNEONATALW/1.8MTUBINGINTERSURGICAL#1164	OS	25%	21.43	22.50	23.63
39628	CLIP LIGATING SMALL TITANIUM ETHICON #LT100/EVC110	OS	25%	135.98	142.78	149.92



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
40295	ARMSLINGM/S.	OS	25%	45.60	47.88	50.27
42464	LANCETSULTRASOFT	OS	25%	0.50	0.53	0.55
43005	PUTTY2.5CCGRAFTONDBM#C43103	OS	25%	4,021.9 2	4,223.0 2	4,434.1 7
43426	PUTTY1CCGRAFTONDBMOSTEOTECH#X43102	OS	25%	2,958.9 8	3,106.9 3	3,262.2 8
43716	CUFFNIBPNEONATALSIZE2DISPOSABLE#1008B/K30/NN2ST	OS	25%	140.19	147.20	154.56
43717	CUFF NIBP NEONATAL SIZE 3 DISPOSABLE #1008B/K30/NN3ST.	OS	25%	140.19	147.20	154.56
43718	CUFFNIBPNEONATALSIZE4DISPOSABLE#1008B/K30/NN4ST	OS	25%	140.19	147.20	154.56
43979	IVADM	OS	25%	45.60	47.88	50.27
44-82-03	CANCIDAS50MGVIALX1VIAL	OS	25%	2,091.8 1	2,196.4 0	2,306.2 2
44163	GLOVES EXAMINATION VINYL SMALL POWDER FREE.	OS	25%	0.25	0.26	0.28
44506	SPONGE LAP PREWASHED 45x45CM 12PLY X-RAY DETECTABLE STERILE.	OS	25%	10.26	10.77	11.31
45000	CATHETERFOLEY22CH/3WAY/30MLSILCOLATEX	OS	25%	38.30	40.22	42.23
4536	BINDINGFRACTUREINCOILSOF1MTR#DO870R	OS	25%	902.88	948.02	995.43
45478	CATHETERTROCARCHESTDRAIN8FR23CMARGYLE#8888- 561019/560805	OS	25%	84.27	88.48	92.91
45571	TUBINGSET&TIPE9010DRILLW/IRRIGATION#E9415A	OS	25%	1,638.3 2	1,720.2 4	1,806.2 5
46155	STENT URETERAL LITHO 6FR 26CM BOSTON/ACMI/COLOPLAST #192133/5636026/ACB164	OS	25%	779.21	818.17	859.08
46676	GLOVESSURGICALORTHOAEDIC6.5LATEXP/FREE	OS	25%	28.26	29.67	31.16
46801	CDRECORDABLEF/X-RAYPACSSYSTEMW/OCOVER	OS	25%	0.91	0.96	1.00
47104	FILTERHMETWINSTARHEPADRAGERNo.MP01801	OS	25%	38.85	40.79	42.83
47268	COLOMYCIN 2 MILLION IU INJ.	OS	25%	45.60	47.88	50.27
47481	BLEMILPLUS-ARAMILKPOWDER400GM	OS	25%	32.83	34.47	36.20
47537	PHASEALPROTECTORP50	OS	25%	31.92	33.52	35.19
47540	PHASEALINFUSIONADAPTORC100	OS	25%	27.36	28.73	30.16
47541	PHASEALINJECTORN31	OS	25%	30.10	31.61	33.19
47826	OPPO 2264 SACRO LUMB SUPPORT.	OS	25%	129.96	136.46	143.28
47841	OPPO 2060 ABDOMINAL BINDER.	OS	25%	91.20	95.76	100.55
47945	TACHOSIL 9.5x4.8x0.5CM NYCOMED #623501.	OS	25%	1,978.3 9	2,077.3 1	2,181.1 7
48198	SODIUM CHLORIDE 0.9% F/INFUSION 1000ML BAG	OS	25%	30.64	32.17	33.78
48373	OPPO2822COMPRESSIONSTOCKINGELASTIC	OS	25%	114.00	119.70	125.69
48382	LANCETS BOX-X 200 COUNT.	OS	25%	59.28	62.24	65.36



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48573	SLOW K 600 MG X 100 TAB.	OS	25%	142.50	149.63	157.11
48622	BCG UNIT DOSES PREPARATION.	OS	25%	91.20	95.76	100.55
49089	PATTIESSURGICAL1x1" FABCO/CODMAN#35503310/80-1403	OS	25%	47.88	50.27	52.79
49478	OPPO4091M/SCERVICALCOLLAR	OS	25%	104.20	109.41	114.88
49865	MCT OIL 946ML.	OS	25%	1.45	1.52	1.60
49975	BLADEF/LARYNGOSCOPE MILLER SIZE 1 DISPOSABLE	OS	25%	25.17	26.43	27.75
50228	GYNO- DAKTARIN 400 MG VAGINAL CAP. X 3 CAP..	OS	25%	7.97	8.37	8.79
50528	OPPO 2260 ABDOMINAL BINDER S-M-L-XL.	OS	25%	68.40	71.82	75.41
50547	RESTRAINT LIMB SOFT	OS	25%	229.82	241.31	253.38
50563	SUTURE PDS II PLUS VIO 1 150CM LOOP ETHICON#PDP9238T	OS	25%	187.54	196.92	206.76
50583	SOLUTION BETADINE/POVIDINE 10% 200-250ML.	OS	25%	38.30	40.22	42.23
5287	TUBERCULIN PPD 10IU INJ	OS	25%	218.88	229.82	241.32
5288	TRYPTIZOL 10MG TABX100	OS	25%	71.25	74.81	78.55
5687	NOVALACAR 1 INFANT MILK FORMULA	OS	25%	41.00	43.05	45.20
5791	MARCAINE SPINAL HEAVY 0.5% 4ML X 5.	OS	25%	47.50	49.88	52.37
7649	PEDIASURE POWDER 400GM	OS	25%	45.00	47.25	49.61
7677	PHENYLEPHRINE 1% 10MG/ML X 10	OS	25%	47.50	49.88	52.37
8014	METHYLENE BLUE 1% 10ML AMPOULE X 10	OS	25%	33.25	34.91	36.66
8348	NITRODERM TTS 5MG SACHET (10SACHET/BOX)	OS	25%	3.07	3.22	3.38
8780	MYCOSTATIN ORAL 30MLSUSP.	OS	25%	26.45	27.77	29.16
8890	SUSPENSORIUM FUTURO (TESTICULAR) #008076	OS	25%	41.04	43.09	45.25
BED	Room 101	OS	25%	570.00	598.50	628.43
CROSSMATCH	BLOOD CROS MATCH	OS	25%	95.00	99.75	104.74
ENT-00	TURBINECTOMY-PARTIAL EXCISION BILATERAL	OS	25%	3,755.20	3,942.96	4,140.11
FA-B-000050	BUBBLE CPAP SETUP FISHER & PAYKEL	OS	25%	68.40	71.82	75.41
FA-N-000040	NOXBOX INTELLIGENT (NITRIC OXIDE) MONITOR W/COMPLE	OS	25%	114.00	119.70	125.69
FMANA-0027	(LMA) General Anaesthesia	OS	25%	502.08	527.18	553.54
FMANAP0002	LUMBAR PUNCTURE.	OS	25%	215.46	226.23	237.54
FMANAP0023	URINE CATHETER INSERTION	OS	25%	72.20	75.81	79.60
FMANAP0028	TRACHEOTOMY CARE	OS	25%	58.48	61.40	64.47
FMANAP0050	I.V. SEDATION	OS	25%	160.83	168.87	177.32
FMANAP9901	OPERATION ROOM	OS	25%	184.68	193.91	203.61



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMANAP9915	DELIVERY G.A (30 Min)	OS	25%	576.61	605.44	635.71
FMBED-0025	SU1	OS	25%	1,353.75	1,421.44	1,492.51
FMBED-0026	Room - 101	OS	25%	570.00	598.50	628.43
FMBED-0027	Room -109A	OS	25%	285.00	299.25	314.21
FMCAR-0014	ECHO M-MODE ONLY	OS	25%	307.03	322.38	338.50
FMCAR-0019	ECHO FOLLOW UP	OS	25%	341.15	358.21	376.12
FMCAR-0021	DOBUTAMINE STRESS NUCLEAR SCANNING	OS	25%	3,283.20	3,447.36	3,619.73
FMCARS0001	CARDIO VERSION (DC SHOCK)	OS	25%	974.70	1,023.44	1,074.61
FMCARS0006	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)	OS	25%	1,169.64	1,228.12	1,289.53
FMCARS0014	CORONARY ANGIOGRAPHY.	OS	25%	1,920.00	2,016.00	2,116.80
FMCARS0017	P.T.C.A. (MULTI VESSEL).	OS	25%	4,800.00	5,040.00	5,292.00
FMCARS0022	ECHO CARDIOGRAM FOR PEDIATRIC.	OS	25%	960.00	1,008.00	1,058.40
FMCARS0024	EXERCISE ECHO TEST	OS	25%	1,949.40	2,046.87	2,149.21
FMCAT-0008	LEFT HEART CATHETERIZATION	OS	25%	1,539.00	1,615.95	1,696.75
FMCAT-0009	CORONARY ANGIOGRAPHY	OS	25%	1,920.00	2,016.00	2,116.80
FMCAT-0011	P.T.C.A. (SINGLE VESSEL)	OS	25%	3,786.71	3,976.05	4,174.85
FMCAT-0012	P.T.C.A. (MULTI VESSEL)	OS	25%	4,800.00	5,040.00	5,292.00
FMCAT-0041	PTCA DV + 2 DRUG ELLUTING STENTS	OS	25%	15,791.11	16,580.67	17,409.70
FMCAT-0042	PTCA SV + 1 DRUG ELLUTING STENT	OS	25%	9,033.60	9,485.28	9,959.54
FMCAT-0043	PTCA SV + 2 DRUG ELLUTING STENTS	OS	25%	13,504.47	14,179.69	14,888.68
FMCAT-0052	CORONARY ANGIOGRAPHY (RADIAL APPROACH)	OS	25%	2,640.00	2,772.00	2,910.60
FMCAT-0054	PRIMARY CORONARY ANGIOPLASTY SV + 1 DES	OS	25%	14,190.72	14,900.26	15,645.27
FMCAT-0056	PRIMARY PTCA SV + 2 D.E.S	OS	25%	18,201.24	19,111.30	20,066.87
FMCTS-0001	PLEURAL ASPIRATION	OS	25%	779.76	818.75	859.69



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMCTS-0002	THORACOTOMY PLUS BIOPSY	OS	25%	4,800.00	5,040.00	5,292.00
FMCTS-0005	SEGMENTECTOMY	OS	25%	6,822.90	7,164.05	7,522.25
FMCTS-0017	CERVICAL RIB EXCISION	OS	25%	4,873.50	5,117.18	5,373.03
FMCTS-0049	CABG	OS	25%	4,944.00	5,191.20	5,450.76
FMCTS-0054	BROCHOSCOPY	OS	25%	1,613.13	1,693.79	1,778.48
FMCTS-0055	BRONCHOALVEOLAR LAVAGE.	OS	25%	110.00	115.50	121.28
FMCTS-0056	AORTIC VALVE REPLACEMENT	OS	25%	7,797.60	8,187.48	8,596.85
FMCTS-0072	MITRALVALVE REPLACEMENT W/MECHANICAL VALVE	OS	25%	7,017.84	7,368.73	7,737.17
FMCTSS0015	THORACENTESIS	OS	25%	1,615.95	1,696.75	1,781.58
FMCTSS0027	DECORTICATION OF THE LUNG	OS	25%	5,848.20	6,140.61	6,447.64
FMCTSS0033	ASCENDING AORTIC ANEURYSM REPAIR(AORTOPLASTY)	OS	25%	29,241.00	30,703.05	32,238.20
FMDER-0004	SKIN BIOPSY	OS	25%	241.11	253.17	265.82
FMDER-0006	SKIN ALLERGY TEST "PATCH"	OS	25%	341.15	358.21	376.12
FMDER-0008	CHEMICAL CAUTERY	OS	25%	58.48	61.40	64.47
FMDER-0013	ELECTRO-CAUTERY	OS	25%	574.56	603.29	633.45
FMDER-0042	ELECTRO-CAUTERY PER/UNIT	OS	25%	58.48	61.40	64.47
FMDER-0089	INTRALESIONAL INJECTION	OS	25%	58.48	61.40	64.47
FMDER-0091	I.V. INJECTION.	OS	25%	10.72	11.26	11.82
FMDER-0145	INTRALESIONLA(IL)INJ.MED.AREA	OS	25%	82.85	86.99	91.34
FMDER-0150	I.M. INJECTION WITH MEDICINE	OS	25%	58.48	61.40	64.47
FMDER-0154	INCISS.&DRAIN. ABSCESS-MEDIUM	OS	25%	214.43	225.15	236.41
FMDER-0159	ELECTROCAUTERY-SMALL AREA.	OS	25%	112.09	117.69	123.58
FMDER-0166	MILIA EXTRACTION - SMALL	OS	25%	194.94	204.69	214.92
FMDER-4006	COMEDO EXTRACTION (Large Area)	OS	25%	194.94	204.69	214.92
FMDER-4009	NARROUBAND THERAPY ONE SESSION	OS	25%	58.48	61.40	64.47
FMDER-4036	MESOTHERAPY INJECTION80 LARGE AREA	OS	25%	487.35	511.72	537.30
FMDER-4037	FILLER INJECTION80 SMALL AREA	OS	25%	974.70	1,023.44	1,074.61



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMDER-4040	BOTOX INJECTION 80 LAGE AREA	OS	25%	1,462.05	1,535.15	1,611.91
FMDER-4049	MESOTHERAPY INJ SMALL AND SCARLET FOR ACNE SCAR	OS	25%	682.29	716.40	752.22
FMDERS0159	ELECTROCAUTERY-SMALL AREA	OS	25%	112.09	117.69	123.58
FMDERS0160	ELECTROCAUTERY-MEDIUM	OS	25%	287.28	301.64	316.73
FMDERS0161	ELECTROCAUTERY-LARGE AREA	OS	25%	574.56	603.29	633.45
FMDNT50248	SIMPLE EXT. OF DECIDIOUS X5	OS	25%	731.03	767.58	805.96
FMDNTB0001	BLEACHING OF TEETH	OS	25%	864.00	907.20	952.56
FMDNTC0003	ENUCLEATION OF LARGE CYST	OS	25%	1,747.20	1,834.56	1,926.29
FMDNTC0004	MARSUPIALIZATION OF CYST	OS	25%	2,363.65	2,481.83	2,605.92
FMDNTC0007	CLOSURE OF ACCIDENTAL OPENING OF MAX. SINUS (LARGE)	OS	25%	1,166.40	1,224.72	1,285.96
FMDNTC0056	ROTATION FLAP (MODERATE)	OS	25%	1,166.40	1,224.72	1,285.96
FMDNTF0014	KETAC FILLING TWO SURFACE	OS	25%	302.16	317.27	333.13
FMDNTM0008	GINGIVECTOMY ORGNGIVOPLASTY/QUADRANT	OS	25%	584.82	614.06	644.76
FMDNTM0016	OCCLUSAL ADJUSTMENT	OS	25%	477.60	501.48	526.55
FMDNTP0012	PORCELAIN CROWN (TYPE II)	OS	25%	1,481.54	1,555.62	1,633.40
FMDNTP0034	PARTIAL DENT. ACRYLIC 3 TEETH	OS	25%	754.11	791.82	831.41
FMDNTP0044	EXTRA VITAL. TEETH	OS	25%	251.37	263.94	277.14
FMDNTR0001	ROOT CANAL TREATMENT 1RC	OS	25%	355.77	373.56	392.24
FMDNTR0004	ROOT CANAL TREATMENT INFECTED TOOTH 1RC	OS	25%	625.86	657.15	690.01
FMDNTS0031	MARSUPIALIZATION LARGE CYST	OS	25%	3,226.26	3,387.57	3,556.95
FMDNTS0039	CLOSURE OF ACCIDENTAL OPENING OF MAX. SINUS (LARGE).	OS	25%	1,166.40	1,224.72	1,285.96
FMDNTS0060	RIDGE AUGEMENTATION	OS	25%	4,732.17	4,968.78	5,217.22
FMDNTS0066	MARSUPIALIZATION OF RANULA SML	OS	25%	1,867.32	1,960.69	2,058.72
FMDNTS0067	MURSUPILIZATION OF RANULA LARGE	OS	25%	2,262.33	2,375.45	2,494.22
FMDNTS0073	MYOFACIAL PAIN DISFUNCTION SYDROME, P. D.	OS	25%	4,233.60	4,445.28	4,667.54
FMDNTS0076	BIOPSY OF SOFT TISSUE - MEDIUM	OS	25%	540.96	568.01	596.41
FMDNTS0083	SURGICAL EXCISION OF INTRA- ORAL SWELLING LARGE	OS	25%	2,116.80	2,222.64	2,333.77



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FMDNTS0090	SURGICAL EXCISION OF MALIGNANT TUMOUR LARGE	OS	25%	7,411.20	7,781.76	8,170.85
FMDNTS0091	STICHES FOR SUPERFICIAL WOUND	OS	25%	594.57	624.30	655.51
FMDNTS0099	REPAIR OF LACERATION UPPER OR LOWER LIP (MODERATE)	OS	25%	2,149.21	2,256.67	2,369.50
FMDNTS0100	REPAIR OF LACERATION UPPER OR LOWER LIP (SEVERE)	OS	25%	3,226.26	3,387.57	3,556.95
FMDNTS0101	REPAIR OF LACERATION OF ORAL MUCOSA (MILD)	OS	25%	1,613.13	1,693.79	1,778.48
FMDNTS0127	STITCHES REMOVAL (LARGE)	OS	25%	194.94	204.69	214.92
FMDNTS0135	EXCISION OF LARGE KELOID FACE	OS	25%	3,360.00	3,528.00	3,704.40
FMDNTS0149	CLEFT PALATE (SOFT & HARD)	OS	25%	4,660.80	4,893.84	5,138.53
FMDNTS0150	REPAIR SECONDARY CLEFT PALATE	OS	25%	5,916.43	6,212.25	6,522.86
FMDNTS0159	NASAL BONE DEFORMITY	OS	25%	5,375.47	5,644.24	5,926.46
FMDNTS0244	DOUBLE FRACTURE OF MANDIBLE	OS	25%	9,747.00	10,234.35	10,746.07
FMDNTS0247	Excision of Cystic Tumor indemandable	OS	25%	3,840.00	4,032.00	4,233.60
FMDNTS0261	AMALGAM SIMPLE X6	OS	25%	1,423.06	1,494.21	1,568.92
FMDNTS0279	MAXILLARY SINUS CURRETAGE	OS	25%	1,462.05	1,535.15	1,611.91
FMDNTS0283	BIOPSY OF SOFT TISSUE-MEDIUM	OS	25%	540.96	568.01	596.41
FMDNTS0291	SURGICAL REMOVAL OF REMAINING ROOT X5	OS	25%	3,360.00	3,528.00	3,704.40
FMDNTS0292	PULPOTOMY X6	OS	25%	584.82	614.06	644.76
FMDNTS0310-O	FIBRE CORE POST	OS	25%	513.00	538.65	565.58
FMDNTS0314	EXCISION OF CALCIFIED MUSCLE TOGETHER WITH CORONOIDECTOMY	OS	25%	16,128.00	16,934.40	17,781.12
FMDNTS0322	SIMPLE EXTRACTION OF PERMANENT TEETH	OS	25%	177.60	186.48	195.80
FMDNTS0349	LE FORT FRACTURE (ORIF)	OS	25%	19,494.00	20,468.70	21,492.14
FMDNTS0354	FRACTURE ZYGOMA (ORIF)	OS	25%	19,494.00	20,468.70	21,492.14
FMDNTS0356	COMPLEX FRACTURE ZYGOMA (ORIF)	OS	25%	29,241.00	30,703.05	32,238.20
FMDNTS0367	FRACTURE ZYGMATIC ARCH (CLOSED REDUCTION)	OS	25%	9,747.00	10,234.35	10,746.07



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FMDNTS0371	FRACTURE SYMPHYSIS (ORIF)	OS	25%	19,494.00	20,468.70	21,492.14
FMDNTS0372	FRACTURE BODY OF THE MANDIBLE(ORIF)	OS	25%	14,620.50	15,351.53	16,119.10
FMDNTS0393	MAXILLARY TUMOR RESECTION TYPE I	OS	25%	29,241.00	30,703.05	32,238.20
FMENDA0001	BROCHOSCOPY.	OS	25%	1,613.13	1,693.79	1,778.48
FMENDE-0064	ENDOCLIP APPLICATION	OS	25%	615.60	646.38	678.70
FMENDE0001	UPPER GI ENDOSCOPY	OS	25%	779.76	818.75	859.69
FMENDE0004	COLONOSCOPY FULL COLON	OS	25%	1,169.64	1,228.12	1,289.53
FMENDE0005	COLONOSCOPY MID COLON	OS	25%	1,077.30	1,131.17	1,187.72
FMENDE0009	ENDOSCOPIC BIOPSY	OS	25%	107.22	112.58	118.21
FMENDE0014	ENDOSCOPIC CHOLANGIOGRAPHY (ERC)	OS	25%	1,133.73	1,190.42	1,249.94
FMENDE0022	ENDOSCOPIC LIGATION O.V.	OS	25%	1,077.30	1,131.17	1,187.72
FMENDE0024	ENDOSCOPIC POLYPECTOMY	OS	25%	511.72	537.31	564.17
FMENDE0031	IMPLANTATION OF EXPANDABLE STENT	OS	25%	1,077.30	1,131.17	1,187.72
FMENDE0033	ENDOSCOPIC SCPHINCEROTOMY	OS	25%	1,923.75	2,019.94	2,120.93
FMENDE0034	E. STONE EXTRACTION 1 STONE	OS	25%	569.43	597.90	627.80
FMENDE0041	ENDOSCOPIC INSERTION OF A STENT	OS	25%	861.84	904.93	950.18
FMENDE0043	ENDOSCOPIC STENT EXCHANGE	OS	25%	1,923.75	2,019.94	2,120.93
FMENDE0053	VARICEAL LIGATION 5 BANDS BANDS OR LESS	OS	25%	1,077.30	1,131.17	1,187.72
FMENDE0065	USE OF RETRIEVAL BILIARY BALLOON	OS	25%	820.80	861.84	904.93
FMENT-0020	CHANGE OF TRACHEOSTOMY TUBA.	OS	25%	302.67	317.80	333.69
FMENTE0002	AUDIOMETRY - PURE TONE	OS	25%	229.05	240.50	252.53
FMENTE2007	EXCISION OF PRE-AURICULAR CYST	OS	25%	2,975.40	3,124.17	3,280.38
FMENTE2008	EXCISION OF PRE-AURICULAR - SINUS	OS	25%	2,975.40	3,124.17	3,280.38
FMENTE4006	MYRINGOTOMY & GROMMET-BILAT.	OS	25%	1,339.20	1,406.16	1,476.47
FMENTK0002	CHANGE OF TRACHEOSTOMY TUBA	OS	25%	302.67	317.80	333.69
FMENTN2001	FOREIGN BODY REMOVAL.	OS	25%	214.43	225.15	236.41



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FMENTN2021	TURBINECTOMY-PARTIAL EXCISION BILATERAL	OS	25%	1,780.80	1,869.84	1,963.33
FMENTN2025	PERNASAL REMOVAL OF ALLERGIC POLYP - BILATERAL	OS	25%	1,695.98	1,780.78	1,869.82
FMENTN2045	SEPTOPLASTY.	OS	25%	2,284.80	2,399.04	2,518.99
FMENTN2047	SUBMUCOUS RESECTION OF SEPTUM	OS	25%	2,227.20	2,338.56	2,455.49
FMENTP0001	NASOPHARYNGOSCOPY	OS	25%	92.34	96.96	101.80
FMENTP0002	NASOPHARYNGEAL EXAM. & BIOPSY	OS	25%	1,113.60	1,169.28	1,227.74
FMENTP0003	ADENOIDECTOMY.	OS	25%	782.40	821.52	862.60
FMENTP2007	TONSILLECTOMY UNDER 12 YEARS	OS	25%	892.80	937.44	984.31
FMENTP2008	TONSILLECTOMY - 12 YEAR & OVER	OS	25%	816.00	856.80	899.64
FMENTS0006-O	INTRATYMPANIC INJECTION FOR DIZZINESS AND TINNITUS	OS	25%	256.50	269.33	282.79
FMENTS0007-O	VIDEONYSTAMOGRAPHY	OS	25%	410.40	430.92	452.47
FMENTS0012-O	OTOACOUSTIC EMISSION + SCREENING ABR	OS	25%	820.80	861.84	904.93
FMENTS0013-O	VNG WITH CALORIC TEST	OS	25%	1,231.20	1,292.76	1,357.40
FMENTS0014-O	ETHMOID SINUSCOPY	OS	25%	940.80	987.84	1,037.23
FMENTS0014-O	ABR WITH SEDATION	OS	25%	1,641.60	1,723.68	1,809.86
FMENTS0024	MYRINGOTOMY& T-TUBE INSERTION (Uni Lateral)	OS	25%	576.00	604.80	635.04
FMENTS0027	REMOVAL OF NASAL PACK UNDER GENERAL SEDATION	OS	25%	192.00	201.60	211.68
FMENTS0030	FUNCTIONAL ENDOSCOPIC SUNUS SURGERY (BILATERAL)	OS	25%	3,840.00	4,032.00	4,233.60
FMENTS0049	REMOVAL OF FOREIGN BODY FROM NASAL CAVITY(UNI L)	OS	25%	120.00	126.00	132.30
FMERDA0002	ABSCESS INCISION DEEP.	OS	25%	162.77	170.91	179.45
FMERDA0005	REMOVAL OF NAIL	OS	25%	160.83	168.87	177.32
FMERDA0010	BURN DRESSING 20 - 30%	OS	25%	862.61	905.74	951.03
FMERDA0017	I.V. CANULA	OS	25%	24.37	25.59	26.87
FMERDA0018	I.V. CENTRAL CATHETER.	OS	25%	87.72	92.11	96.71
FMERDA0020	I.V. INJECTION	OS	25%	10.72	11.26	11.82
FMERDA0032	FOREIGN BODY REMOVAL	OS	25%	214.43	225.15	236.41
FMERDA0039	DEFIBRILLATOR.	OS	25%	160.83	168.87	177.32
FMERDA0048	INTUBATION FEE	OS	25%	131.58	138.16	145.07
FMERDA0053	RECTAL TUBE INSERTION.	OS	25%	27.36	28.73	30.16



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FMERDA0061	FLEET CLEANSING ENEMA.	OS	25%	13.68	14.36	15.08
FMERDA0062	GLUCOTEST	OS	25%	11.25	11.81	12.40
FMERDA0069	TEPID SPONGE BATH	OS	25%	56.43	59.25	62.21
FMERDA0070	SKIN TEST.	OS	25%	4.56	4.79	5.03
FMERDA0073	NEBULIZER A/C VENTOLIN.	OS	25%	48.74	51.18	53.74
FMERDA0089	USE OF PULSE OXIMETER 30 MNTS.	OS	25%	29.24	30.70	32.24
FMERDA0094	CODE YELLOW CONSULTATION	OS	25%	243.68	255.86	268.66
FMERDD0004	SPLINT FOR FRACTURE	OS	25%	87.72	92.11	96.71
FMERDP0001	IVADM.	OS	25%	45.60	47.88	50.27
FMERDP0002	IVP	OS	25%	1,949.40	2,046.87	2,149.21
FMERDP0003	TPN	OS	25%	960.00	1,008.00	1,058.40
FMESWT0161	SHOCK WAVE THERAPY	OS	25%	560.00	588.00	617.40
FMFMD-0005	IV CANNULA INSERTION	OS	25%	76.95	80.80	84.84
FMFMD-0009	IM INJECTION	OS	25%	25.65	26.93	28.28
FMFMD-0017	URINARY CATHETER CHANGE	OS	25%	256.50	269.33	282.79
FMFMD-0019	NEBULIZER	OS	25%	123.12	129.28	135.74
FMICU-0009	LUMBAR PUNCTURE ..	OS	25%	215.46	226.23	237.54
FMINT-1015	HEMO DIA FILTERATION	OS	25%	974.70	1,023.44	1,074.61
FMINT-1017	CHEMOTHERAPY ADMIN LESS THAN 12 HOURS	OS	25%	6,822.90	7,164.05	7,522.25
FMINT-1022	TRIPLE INTRATHECAL CHEMOTHERAPY	OS	25%	4,873.50	5,117.18	5,373.03
FMIVF-0023	SEmen ANALYSIS..	OS	25%	150.00	157.50	165.38
FMKIT-0209	TEA TRAY	OS	25%	9.12	9.58	10.05
FMLAB-1026	FACTOR VII	OS	25%	194.94	204.69	214.92
FMLAB-1027	FACTOR VIII	OS	25%	253.42	266.09	279.40
FMLAB-1028	FACTOR IX	OS	25%	316.78	332.62	349.25
FMLAB-1029	FACTOR X	OS	25%	194.94	204.69	214.92
FMLAB-1030	FACTOR XI	OS	25%	278.76	292.70	307.33
FMLAB-1032	COLD AGGLUTININS TITRE	OS	25%	102.60	107.73	113.12
FMLAB-1041	F.D.Ps	OS	25%	136.80	143.64	150.82
FMLAB-1068	RH PHENOTYPE	OS	25%	146.21	153.52	161.20



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FMLAB-1085	ANTI BODY IDENTIFICATION	OS	25%	487.35	511.72	537.30
FMLAB-1515	VIRALSCREEN(S)	OS	25%	453.26	475.92	499.72
FMLAB-1532	GLUBULIN	OS	25%	175.45	184.22	193.43
FMLAB-1543	PLATELET CONCENTRATE (2 UNITS)	OS	25%	1,311.00	1,376.55	1,445.38
FMLAB-1556	SUCCINYL ACATONE (KFSH)	OS	25%	1,900.67	1,995.70	2,095.49
FMLAB-1557	VARICELLA ZOSTER IgG(SGH STAFF)	OS	25%	54.72	57.46	60.33
FMLAB-1560	FOOD PANEL KSA	OS	25%	1,197.34	1,257.21	1,320.07
FMLAB-1562	FLOW CYTOMETRY LEUKEMIA LYMPHOMA PANEL	OS	25%	4,873.50	5,117.18	5,373.03
FMLAB-1577	HELICOBACTER IMMUNOBLOT IgA , IgG ABS	OS	25%	1,292.45	1,357.07	1,424.93
FMLAB-1581	BETA-2-GLYCOPROTEIN ABS.	OS	25%	419.12	440.08	462.08
FMLAB-1582	LYMPHOCYTES SUBCETS-TOTAL T/B/NK	OS	25%	1,286.60	1,350.93	1,418.48
FMLAB-1594	OXCARBAZEPINE STRUCTURE	OS	25%	633.56	665.24	698.50
FMLAB-1624	FREE LIGHT CHAINS STRUCTURE	OS	25%	2,924.10	3,070.31	3,223.82
FMLAB-1627	JAK2-GENE ANALYSIS	OS	25%	4,873.50	5,117.18	5,373.03
FMLAB-1631	CLOSTRIDIUM DIFFICILE Ag / TOXIN	OS	25%	487.35	511.72	537.30
FMLAB-1633	EPSTEIN BARR VIRUS ABS STRUCTURE	OS	25%	1,023.44	1,074.61	1,128.34
FMLAB-1634	RSV ANTIGEN DETECTION	OS	25%	389.88	409.37	429.84
FMLAB-1641	AUTOMATED BLOOD C/S (AEROBIC & ANAROEBIC)	OS	25%	370.39	388.91	408.35
FMLAB-1643	AUTOMATED CATHETER TIPS/TUBING C/S	OS	25%	341.15	358.21	376.12
FMLAB-1652	AUTOMATED HVS C/S	OS	25%	341.15	358.21	376.12
FMLAB-1656	AUTOMATED PROSTATIC C/S	OS	25%	359.10	377.06	395.91
FMLAB-1659	AUTOMATED SPUTUM C/S	OS	25%	341.15	358.21	376.12
FMLAB-1664	AUTOMATED SWAB FOR INFECTION CONTROL(NASAL)	OS	25%	341.15	358.21	376.12
FMLAB-1665	AUTOMATED SWAB FOR INFECTION CONTROL (UMBILICAL)	OS	25%	359.10	377.06	395.91
FMLAB-1671	AUTOMATED WOUND C/S	OS	25%	341.15	358.21	376.12
FMLAB-1672	BLOOD GROUP And ABS SCREENING	OS	25%	718.20	754.11	791.82
FMLAB-1679	BUN/CREATININE	OS	25%	204.69	214.92	225.67
FMLAB-1689	BIOPSY CONSULTATION 12 SLIDES & BLOCKS	OS	25%	3,119.04	3,274.99	3,438.74



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-1705	Aspergillus Antigen	OS	25%	487.35	511.72	537.30
FMLAB-1723	RADICAL RESECTION BIOPSY	OS	25%	3,898.80	4,093.74	4,298.43
FMLAB-1724	CHROMOGRANIN A	OS	25%	974.70	1,023.44	1,074.61
FMLAB-1726	ANTI FACTOR Xa (Heparin Assay)	OS	25%	1,559.52	1,637.50	1,719.37
FMLAB-1730	TB GOLD	OS	25%	974.70	1,023.44	1,074.61
FMLAB-1735	TRANSFERRIN SATURATION	OS	25%	233.93	245.63	257.91
FMLAB-1764	CALCIUM CREATININE RATIO	OS	25%	341.15	358.21	376.12
FMLAB-1769	7-DEHYDROCHOLESTEROL	OS	25%	682.29	716.40	752.22
FMLAB-1781	PRESEPSIN	OS	25%	341.15	358.21	376.12
FMLAB-1782	RENAL BIOPSY WITH ELECTRON MICROSCOPY	OS	25%	8,772.30	9,210.92	9,671.46
FMLAB-1784	LBC & HPV (DNA)	OS	25%	1,949.40	2,046.87	2,149.21
FMLAB-1787	FISH PANEL FOR ALL	OS	25%	8,284.95	8,699.20	9,134.16
FMLAB-1804	SYPHILIS (VDRL)	OS	25%	214.43	225.15	236.41
FMLAB-1820	RETICULOCYTE INDEX	OS	25%	389.88	409.37	429.84
FMLAB-1821	THYROID FNA	OS	25%	584.82	614.06	644.76
FMLAB-1822	BILATERAL THYROID FNA	OS	25%	1,169.64	1,228.12	1,289.53
FMLAB-1823	RETICULOCYTE COUNT WITH PRODUCTION INDEX	OS	25%	410.40	430.92	452.47
FMLAB-1825	HELICOBACTER PHLORI CULTURE (BIOPSY)	OS	25%	779.76	818.75	859.69
FMLAB-1840	NMDA RECEPTOR ABS (S)	OS	25%	584.82	614.06	644.76
FMLAB-2002	ACID PHOSPHATASE	OS	25%	58.48	61.40	64.47
FMLAB-2004	ALBUMIN & GLOBULIN	OS	25%	87.72	92.11	96.71
FMLAB-2032	ELECTROLYTES NA,K,CL	OS	25%	165.70	173.99	182.68
FMLAB-2052	IMMUNOGLOBULING.A.&M.	OS	25%	200.64	210.67	221.21
FMLAB-2076	URIC ACID CLEARANCE	OS	25%	54.72	57.46	60.33
FMLAB-2090	URINE PHOSPHORUS	OS	25%	107.22	112.58	118.21
FMLAB-2103	GROWTH HORMONE (GLUCOSE LOAD TEST)	OS	25%	1,179.39	1,238.36	1,300.28
FMLAB-2107	OGTT SCREENING (50 GM)	OS	25%	236.85	248.69	261.13
FMLAB-2108	OGTT CONFIRMATION (PREGNANT 24-28 WEEKS OF GESTATION)	OS	25%	325.55	341.83	358.92



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-2110	PROTHROMBIN(G20210A)MUTATION DETECTION	OS	25%	1,169.64	1,228.12	1,289.53
FMLAB-2111	HERPES SIMPLEX VIRUS PCR` CSF	OS	25%	964.950	1,013.20	1,063.86
FMLAB-2141	ANTI THYROGLOBULIN	OS	25%	194.94	204.69	214.92
FMLAB-2143	FACTOR XIII	OS	25%	584.82	614.06	644.76
FMLAB-3048	PROCALCITONIN	OS	25%	779.76	818.75	859.69
FMLAB-4001	ACETAMINOPHEN (PARACETAMOL)	OS	25%	575.07	603.82	634.01
FMLAB-5025	CHLAMYDIA TR. ANTIGEN DETECTION (DIRECT SPECIMEN)	OS	25%	273.60	287.28	301.64
FMLAB-5026	CHLAMYDIA TR. ABS (IgG, IgA)	OS	25%	477.60	501.48	526.55
FMLAB-5034	HCV IgG ABS (IMMUNOBLOT)	OS	25%	430.92	452.47	475.09
FMLAB-5060	HCV IgM	OS	25%	338.58	355.51	373.28
FMLAB-5072	PARIETAL CELL ANTIBODY (PCA)	OS	25%	278.76	292.70	307.33
FMLAB-5081	PARVO VIRUS IgG	OS	25%	268.04	281.44	295.51
FMLAB-6044	C/S OTHER SP. ANAEROBIC	OS	25%	146.21	153.52	161.20
FMLAB-6068	FACTOR II PROTHROMBIN GENE MUTATION	OS	25%	877.23	921.09	967.15
FMLAB-6069	BONE MARROW SAMPLING AND EXAMINATION PROFILE	OS	25%	5,848.20	6,140.61	6,447.64
FMLAB-7041	BODY FLUID PROFILE	OS	25%	745.65	782.93	822.08
FMLAB-7048	DIALYSIS PROFILE - I	OS	25%	451.44	474.01	497.71
FMLAB-8086	PLEURALFLUIDREPORT	OS	25%	209.76	220.25	231.26
FMLAB-8088	ASCETIC FLUID REPORT	OS	25%	209.76	220.25	231.26
FMLAB-8092	PHOSPHOLIPASE - A 2 RECEPTOR ABS (PLA2QN)	OS	25%	584.82	614.06	644.76
FMLAB-8094	TREPONEMA PALLIDUM DNA BY PCR	OS	25%	1,267.11	1,330.47	1,396.99
FMLAB-8102	VENESECTION (OUT PATIENT)	OS	25%	292.41	307.03	322.38
FMLAB-8104	INFLUENZA A, B AND H1N1 BY PCR	OS	25%	779.76	818.75	859.69
FMLAB-8111	CENTOCOLON EXTENDED PANEL	OS	25%	7,797.60	8,187.48	8,596.85
FMLAB-8126	CENTOGENE EXTENDED METABOLIC SCREENING	OS	25%	1,641.60	1,723.68	1,809.86
FMLAB-8127	HERPES VIRUS TYPE 8 (PCR)	OS	25%	1,686.23	1,770.54	1,859.07
FMLAB-8134	ANTIBODY TITRATION	OS	25%	653.05	685.70	719.99
FMLAB-8137	SKIN PRICK TEST(INHALANT ALLERGENS)	OS	25%	389.88	409.37	429.84
FMLAB-8138	COOMBS TEST DIRECT MONOCLONAL TYPE	OS	25%	194.94	204.69	214.92



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-8142	BCR-ABL KINASE DOMAIN MUTATION	OS	25%	3,898.80	4,093.74	4,298.43
FMLAB-8143	CONVENTIONAL CHROMOSOME ANALYSIS FOR HEMATOLOGIC ALDISORDER.(WHOLEBLOOD)	OS	25%	4,873.50	5,117.18	5,373.03
FMLAB-8157	IGH MUTATION	OS	25%	3,078.00	3,231.90	3,393.50
FMLAB-8158	FISH PANEL FOR CLL	OS	25%	6,822.90	7,164.05	7,522.25
FMLAB-8159	MEMBRANEOUS NEPHROPATHY SCREENING ABS.	OS	25%	820.80	861.84	904.93
FMLAB-8162	BONE MARROW SAMPLING AND EXAMINATION(ADULT)PROFILE	OS	25%	9,747.00	10,234.35	10,746.07
FMLAB-8163	PNH(BIOS)PAROXYSMAL NOCTURAL HEMOGLOBINURIA	OS	25%	4,873.50	5,117.18	5,373.03
FMLAB-8186	CYSTIC FIBROSIS MOST COMMON CFTR MUTATIONS(STEP 1)	OS	25%	2,883.06	3,027.21	3,178.57
FMLAB-8191	PANCREATIC HEREDITARY (PRSS)	OS	25%	5,848.20	6,140.61	6,447.64
FMLAB-8192	PANCREATIC HEREDITARY (SPINK1)	OS	25%	4,873.50	5,117.18	5,373.03
FMLAB-8194	SEmen ANALYSIS.	OS	25%	150.00	157.50	165.38
FMLAB-9001	17 - HYDROXY PROGESTERONE	OS	25%	555.58	583.36	612.53
FMLAB-9002	A D H-ANTIDIURETIC HORMONE	OS	25%	764.37	802.59	842.72
FMLAB-9018	ANTI DNA SINGLE STRAND	OS	25%	969.34	1,017.81	1,068.70
FMLAB-9027	CALCITONIN	OS	25%	448.36	470.78	494.32
FMLAB-9033	CATECHOLAMINE (P) (INCLUDES ADRENALIN & NORADRE	OS	25%	766.60	804.93	845.18
FMLAB-9049	DEHYDROEPIANDROSTERONE SULFATE (S) DHEA (S	OS	25%	614.06	644.76	677.00
FMLAB-9060	FACTOR VIII ASSOCIATED Ag-VIII Ag (VON WILLEBERAND F)	OS	25%	653.05	685.70	719.99
FMLAB-9066	GASTRIN (S)	OS	25%	265.12	278.38	292.29
FMLAB-9070	GROWTH HORMONE (HGH)	OS	25%	292.41	307.03	322.38
FMLAB-9086	ISLET CELL ABS. (ICA)	OS	25%	389.88	409.37	429.84
FMLAB-9090	MALARIAL ABS	OS	25%	253.42	266.09	279.40
FMLAB-9094	MITOCHONDRIAL ABS	OS	25%	528.39	554.81	582.55
FMLAB-9095	MUMPS ABS IgG & IgM	OS	25%	272.92	286.57	300.89
FMLAB-9102	ORGANIC ACIDS (U)	OS	25%	1,315.85	1,381.64	1,450.72
FMLAB-9105	OXALATE (U)	OS	25%	331.40	347.97	365.37
FMLAB-9113	PORPHOBILINOGEN (U)	OS	25%	526.34	552.66	580.29
FMLAB-9136	VITAMIN B6 (PYRIDOXAL PHOSPHATE)	OS	25%	378.18	397.09	416.94



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-9140	VITAMIN C "ASCORBIC ACID"	OS	25%	467.86	491.25	515.82
FMLAB-9141	VITAMIN E (ALPHA TOCOPHEROL)	OS	25%	506.84	532.18	558.79
FMLAB-9165	IgG SUB CLASSES (1-4)	OS	25%	857.74	900.63	945.66
FMLAB-9190	VITAMIN A (RETINOL)	OS	25%	502.74	527.88	554.27
FMLAB-9241	CORTISOL FREE (U)	OS	25%	341.15	358.21	376.12
FMLAB-9275	VITAMIN B1 (THIAMINE)	OS	25%	477.60	501.48	526.55
FMLAB-9277	ADENO VIRUS ABS (CSF` S)	OS	25%	362.59	380.72	399.76
FMLAB-9296	FOLIC ACID IN ERYTHROCYTES (FOLATES)	OS	25%	582.87	612.01	642.61
FMLAB-9308	ERYTHROPOIETIN ABS	OS	25%	1,072.17	1,125.78	1,182.07
FMLAB-9316	LAMOTRIGIN (LAMICTAL)	OS	25%	302.16	317.27	333.13
FMLAB-9318	FACTOR V MUTATION GENE (LEIDEN MUTATION)	OS	25%	905.98	951.28	998.84
FMLAB-9339	ADENO VIRUS ANTIGEN DETECTION	OS	25%	1,091.66	1,146.24	1,203.56
FMLAB-9346	ALPHA-1-ANTITRYPSIN (S)	OS	25%	349.92	367.42	385.79
FMLAB-9359	AMYLOID A	OS	25%	506.84	532.18	558.79
FMLAB-9365	ANTI - JO-1	OS	25%	564.30	592.52	622.14
FMLAB-9386	BETA HYDROXY - BUTYRATE	OS	25%	257.32	270.19	283.70
FMLAB-9403	CA 50	OS	25%	369.36	387.83	407.22
FMLAB-9419	CHLAMYDIA TRACHOMATIS PCR	OS	25%	533.52	560.20	588.21
FMLAB-9462	DIBUCAIN INH. OF PSEUDO-CHOLE	OS	25%	160.83	168.87	177.32
FMLAB-9482	FACTOR II	OS	25%	365.51	383.79	402.97
FMLAB-9503	GALACTOSE 1 PHOSPHATE	OS	25%	258.30	271.22	284.78
FMLAB-9554	IRON (DESFERAL TEST) U	OS	25%	155.95	163.75	171.93
FMLAB-9687	PROTEIN S (TOTAL` FREE & ACTIVITY)	OS	25%	1,395.36	1,465.13	1,538.38
FMLAB-9704	RHEUMATOID FACTOR IgA,IgG & Ig M	OS	25%	847.99	890.39	934.91
FMLAB-9711	RUBELLA ABS	OS	25%	205.20	215.46	226.23
FMLAB-9792	CYTogenetics LEUKEMIC BLOOD/BONE MARROW	OS	25%	2,418.23	2,539.14	2,666.10
FMLAB-9818	AMOEBIC ABS	OS	25%	153.90	161.60	169.67
FMLAB-9862	FAMILIAL MEDITERRANEAN FEVER STAGE 1	OS	25%	4,288.68	4,503.11	4,728.27
FMLAB-9881	EBV BY P.C.R.	OS	25%	1,462.05	1,535.15	1,611.91
FMLAB-9886	PERIPHERAL SMEAR	OS	25%	165.70	173.99	182.68



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMLAB-9897	SEROLOGY FOR HEMODIALYSIS SINGLE SESSION	OS	25%	487.35	511.72	537.30
FMLAB-9986	HEPARIN INDUCED THROMBOCYTOPENIA(AntiheparinPF4 CO)	OS	25%	601.92	632.02	663.62
FMLAB-9987	HEPATITIS D VIRUS ANTIBODIES (IgM)	OS	25%	401.58	421.66	442.74
FMNBD-0011	COOLING THERAPY	OS	25%	2,052.00	2,154.60	2,262.33
FMNBD-0014	SURFACTANT THERAPY INSTALLATION	OS	25%	974.70	1,023.44	1,074.61
FMNBD-0015	CENTRAL LINE INSERTION	OS	25%	5,848.20	6,140.61	6,447.64
FMNBD-0016	NEWBORNE RESCUCITATION (1004)	OS	25%	508.79	534.23	560.94
FMNEP-0010	CONTINEOUS ARTERO-VEINE HEMO- DIALYSIS	OS	25%	2,154.60	2,262.33	2,375.45
FMNEU-0006	CARPAL TUNNEL DECOMP.	OS	25%	1,670.40	1,753.92	1,841.62
FMNEU-0016	CRANIOTOMY R/L FRONTAL	OS	25%	6,779.04	7,117.99	7,473.89
FMNEU-0062	LUMBAR PUNCTURE .	OS	25%	215.46	226.23	237.54
FMNEU-0108	ANTERIOR DISSECTOMY 2 LEVELS WITH CAGE	OS	25%	5,040.00	5,292.00	5,556.60
FMNEU-0125	EXCISION OF MENINGOCELE/ENCEPH ALOCELE	OS	25%	1,615.95	1,696.75	1,781.58
FMNEU-0143	CERVICAL CORPECTOMY	OS	25%	6,140.61	6,447.64	6,770.02
FMNEU-0144	CERVICAL DISSECTOMY WITH CAGE	OS	25%	4,093.74	4,298.43	4,513.35
FMNEU-9917	LUMBAR LAMINECTOMY	OS	25%	3,840.00	4,032.00	4,233.60
FMNEU-9929	MICROSCOPIC LUMBAR DISCECTOMY	OS	25%	5,280.00	5,544.00	5,821.20
FMNEU-9931	DECOMPRESSION CRANIECTOMY AND PARTIAL TEMPORAL LOBECTOMY	OS	25%	3,078.00	3,231.90	3,393.50
FMNEU-9933	EVACUATION OF ACUTE SUBDURAL HEMATOMA	OS	25%	4,800.00	5,040.00	5,292.00
FMNEU-9935	EXCISION OF TEMPOROPARIETAL GLIOMA	OS	25%	9,259.65	9,722.63	10,208.76
FMNEU-9938	REPAIR OF MENINGIOMYTOCELE	OS	25%	3,898.80	4,093.74	4,298.43
FMNEU-9956	INSERTION OF V.P. SHUNT	OS	25%	2,436.75	2,558.59	2,686.52
FMNEU-9969	DORSO-LUMBAR TRANSPEDICULAR SCREW FIXATION 4 SCREWS/2 RODS	OS	25%	6,822.90	7,164.05	7,522.25
FMNEU-9970	EVACUATION OF EXTRADURAL HAEMATOMA	OS	25%	4,386.15	4,605.46	4,835.73



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMNUM-0005	E.M.G. FACE 1,2	OS	25%	506.84	532.18	558.79
FMNUM-0026	ROUTINE EEG	OS	25%	633.56	665.24	698.50
FMNUM-0031	E M G	OS	25%	233.93	245.63	257.91
FMNUM-0032	EVOKED POTENTIAL	OS	25%	974.70	1,023.44	1,074.61
FMNUR-0001	INTRAMUSCULAR OR SUBCUTICULAR INJECTION	OS	25%	10.32	10.84	11.38
FMNUR-0009	FLEET CLEANSING ENEMA	OS	25%	13.68	14.36	15.08
FMNUR-0012	POSTCATH.OBSERVATION	OS	25%	200.64	210.67	221.21
FMNUR-0022	I.V. CENTRAL CATHETER	OS	25%	87.72	92.11	96.71
FMNUR-0027	COLDCOMPRESS	OS	25%	50.16	52.67	55.30
FMNUR-0034	SKIN TEST	OS	25%	4.56	4.79	5.03
FMNUR-0035	NASAL TUBE SUCTIONING	OS	25%	13.68	14.36	15.08
FMNUR-0036	RECTAL TUBE INSERTION	OS	25%	27.36	28.73	30.16
FMNUR-0037	INSERTIONOFSUBCLAVIANCATH.	OS	25%	200.64	210.67	221.21
FMNUR-0041	CODE BLUE ON THE WARD	OS	25%	159.60	167.58	175.96
FMNUR-0053	GASTROSTOMY TUBE FEEDING	OS	25%	24.87	26.11	27.42
FMNUR-0054	NASOGASTRIC TUBE FEEDING	OS	25%	10.94	11.49	12.06
FMNUR-0055	BLOOD TRANSFUSION	OS	25%	596.95	626.80	658.14
FMNUR-Q1004	COVID-19 (ISOLATION ROOM)	OS	25%	1,401.46	1,471.53	1,545.11
FMOBG-0003	CRYOCAUTERY	OS	25%	214.43	225.15	236.41
FMOBG-0009	EPIDURAL ANALGESIA	OS	25%	862.61	905.74	951.03
FMOBG-0010	NORMAL DELIVERY.	OS	25%	1,440.00	1,512.00	1,587.60
FMOBG-0014	LOWER SEG. CAESAREAN SECTION	OS	25%	2,880.00	3,024.00	3,175.20
FMOBG-0020	LOWER SEG. CAESARIAN SECTION- TWIN DELIVERY	OS	25%	3,360.00	3,528.00	3,704.40
FMOBG-0021	DILATATION & CURETTAGE	OS	25%	960.00	1,008.00	1,058.40
FMOBG-0023	TERMINATION OF PREGNANCY.	OS	25%	850.55	893.08	937.73
FMOBG-0024	LAPAROSCOPIC EXAMINATION	OS	25%	1,632.00	1,713.60	1,799.28
FMOBG-0025	LAPAROSCOPY - OPERATION	OS	25%	2,690.17	2,824.68	2,965.91
FMOBG-0027	CERVICAL ENCLERCLAGE	OS	25%	1,272.00	1,335.60	1,402.38



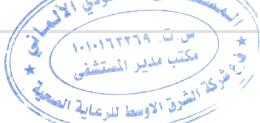
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMOBG-0029	LAPAROTOMY - DIAGNOSTIC	OS	25%	2,149.21	2,256.67	2,369.50
FMOBG-0032	ECTOPIC PREGNANCY OPERATION	OS	25%	2,149.21	2,256.67	2,369.50
FMOBG-0035	MYOMECTION	OS	25%	4,617.00	4,847.85	5,090.24
FMOBG-0036	ABDOMINAL HYSTERECTOMY	OS	25%	3,705.60	3,890.88	4,085.42
FMOBG-0037	TOTAL ABDOMINAL HYSTERECTOMY & SALPINGO-OOPHORECTOMY	OS	25%	3,705.60	3,890.88	4,085.42
FMOBG-0039	RADICAL HYSTERECTOMY.	OS	25%	6,350.40	6,667.92	7,001.32
FMOBG-0042	VAGINAL REPAIR (MINOR)	OS	25%	2,112.00	2,217.60	2,328.48
FMOBG-0048	REMOVAL ENCERCLAGE SUTURE G.A.	OS	25%	427.20	448.56	470.99
FMOBG-0082	SALPINGO OOPHORECTOMY-UNILAT.	OS	25%	2,690.17	2,824.68	2,965.91
FMOBG-0092	HYSTEROSCOPY-UTERINE BIOPSY	OS	25%	1,920.00	2,016.00	2,116.80
FMOBG-0100	RECTOCELE REPAIR	OS	25%	1,588.80	1,668.24	1,751.65
FMOBG-0106	DIAGNOSTIC LAPAROSCOPY WITH INSUFFLATION	OS	25%	2,149.21	2,256.67	2,369.50
FMOBG-0107	LAPAROSCOPY W/ SALPINGOTOMY	OS	25%	2,690.17	2,824.68	2,965.91
FMOBG-0112	RADICAL MASTECTOMY.	OS	25%	3,360.00	3,528.00	3,704.40
FMOBG-0130	CLASSICAL REPAIR.	OS	25%	3,360.00	3,528.00	3,704.40
FMOBG-0134	LOWER SEG. UTERINE CAESARIAN SECTION - REPEATED	OS	25%	3,177.60	3,336.48	3,503.30
FMOBG-0135	OOPHORECTOMY - UNILATERAL	OS	25%	2,116.80	2,222.64	2,333.77
FMOBG-0145	HYSTEROSCOPIC EXAMINATION	OS	25%	877.23	921.09	967.15
FMOBG-0166	PELVIC ADHESIOLYSIS, MODERATE	OS	25%	3,226.26	3,387.57	3,556.95
FMOBG-0174	LAPAROSCOPIC MYOMECTION	OS	25%	3,177.60	3,336.48	3,503.30
FMOBG-0176	Normal Delivery(Baby)	OS	25%	0.80	0.84	0.88
FMOBG-0183	DEBULRING OPERATION FOR OVARIAN CA	OS	25%	5,117.18	5,373.04	5,641.69
FMOBG-0197	ADHESIOLYSIS-EXCESSIVE	OS	25%	4,093.74	4,298.43	4,513.35



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMOBG-0198	ADHESIOLYSIS-MODERATE	OS	25%	3,024.00	3,175.20	3,333.96
FMOBG-0199	ADHESIOLYSIS- MILD	OS	25%	2,046.87	2,149.21	2,256.67
FMOBG-0205	INTRAUTERINE DEVICE REMOVAL.	OS	25%	260.00	273.00	286.65
FMOBG-0208	LAPROSCOPIC SALPHENECTOMY	OS	25%	1,920.00	2,016.00	2,116.80
FMOBG-0211	EXAMINATION UNDER G.A	OS	25%	256.50	269.33	282.79
FMOBG-0216	HYSEROSCOPIC EXAMINATION + D&C	OS	25%	4,617.00	4,847.85	5,090.24
FMOBG-0223	COLPOSCOPY WITH DIRECTED CERVICAL BIOPSY UNDER G-A	OS	25%	1,920.00	2,016.00	2,116.80
FMOBG-0226	BILATERAL LAPAROSCOPIC OVARIAN CYSTECTOMY	OS	25%	4,320.00	4,536.00	4,762.80
FMOBG-0228	HYSEROSCOPIC MYOMECTION OR POLYPECTOMY	OS	25%	4,800.00	5,040.00	5,292.00
FMOBG-0236	L.S.C.S 3RD TIME	OS	25%	4,320.00	4,536.00	4,762.80
FMOBG-0237	L.S.C.S 4TH TIME AND MORE	OS	25%	4,800.00	5,040.00	5,292.00
FMOBG-0244	LAPAROSCOPIC OVARIAN CYSTECTOMY	OS	25%	1,539.00	1,615.95	1,696.75
FMOBG-1002	TERMINATION OF PREGNANCY	OS	25%	850.55	893.08	937.73
FMOBG-1005	POLYPECTOMY	OS	25%	564.30	592.52	622.14
FMOBG-1012	EPIDURAL-INSERTION	OS	25%	204.69	214.92	225.67
FMOBG-1016	REMOVAL OF CONTRACEPTIVE IMPLANTS UNDER ORAL ANAES	OS	25%	584.82	614.06	644.76
FMOBG-1020	ANTERIOR REPAIR (ANT. COLPORRHAPHY)	OS	25%	2,565.00	2,693.25	2,827.91
FMOHS-0002	MITRAL VALVE REPLACEMENT 3 HRS	OS	25%	5,932.80	6,229.44	6,540.91
FMOHU-0009	LUMBAR PUNCTURE . . .	OS	25%	215.46	226.23	237.54
FMOPP-0001	SKIN TEST (OPD PRO. ROOM)	OS	25%	10.26	10.77	11.31
FMOPP-0002	NABULIZATION (OPD PRO. ROOM)	OS	25%	68.23	71.64	75.22
FMOPP-0003	RANDOM BLOOD SUGAR (OPD PRO. ROOM)	OS	25%	20.52	21.55	22.62
FMOPP-0005	IV INJECTION (OPD PRO. ROOM)	OS	25%	19.49	20.46	21.49
FMOPP-0006	IM/SC INJECTION (OPD PRO. ROOM)	OS	25%	10.26	10.77	11.31
FMOPTA0004	FUNDUS	OS	25%	53.61	56.29	59.11
FMOPTA0010	FUNDUS PHOTOGRAPHY	OS	25%	143.64	150.82	158.36
FMOPTC0002	EXCISION OF LARGE CHALAZION	OS	25%	409.37	429.84	451.33



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMOPTD0002	REMVL OF MULTIPLE CONJ. F.B.	OS	25%	175.45	184.22	193.43
FMOPTH0028-O	CORNEAL TOPOGRAPHY.	OS	25%	525.00	551.25	578.81
FMOPTH0033	EXAMINATION UNDER G.A.	OS	25%	3,840.00	4,032.00	4,233.60
FMOPTH0038	LASER CAPSULOTOMY	OS	25%	1,949.40	2,046.87	2,149.21
FMOPTH0040	OCT	OS	25%	292.41	307.03	322.38
FMORD-0004	CATHETERIZATION.	OS	25%	80.00	84.00	88.20
FMORT-0022	INT. FIXATN OF BONE AT UNSPEC. SITE	OS	25%	3,411.45	3,582.02	3,761.12
FMORT-0048	REMVL OF INT.FIXATN DEVICE AT UNSPEC. SITE.	OS	25%	2,436.75	2,558.59	2,686.52
FMORT-0053	REMVL OF INT. FIXATN DEVICE AT FEMUR	OS	25%	2,046.87	2,149.21	2,256.67
FMORT-0066	CLOSED REDUCT OF FRAC W/O INT. FIX AT RADIUS & Ulna	OS	25%	625.86	657.15	690.01
FMORT-0068	CLOSED REDUCT OF FRACT W/O INT FIX AT PHALANGES - HAND	OS	25%	536.09	562.89	591.04
FMORT-0074	CLOSED REDUCT OF FRACT W/ INT. FIX AT HUMERUS	OS	25%	1,769.08	1,857.53	1,950.41
FMORT-0075	CLOSED REDUCT OF FRACT W/ INT. FIX AT CARPALS & METACARPALS	OS	25%	1,608.26	1,688.67	1,773.11
FMORT-0076	CLOSED REDUCT OF FRACT W/ INT. FIX AT PHALANGES-HAND	OS	25%	1,692.90	1,777.55	1,866.42
FMORT-0090	OPEN REDUCT OF FRACT W/INT FIX AT UNSPEC SITE.	OS	25%	3,411.45	3,582.02	3,761.12
FMORT-0091	OPEN REDUCT OF FRACT W/INT FIX AT HUMERUS	OS	25%	4,339.20	4,556.16	4,783.97
FMORT-0092	OPEN REDUCT OF FRACT W/INT FIX AT RADIUS & Ulna	OS	25%	2,894.40	3,039.12	3,191.08
FMORT-0094	OPEN REDUCT OF FRACT W/INT FIX AT PHALANGES-HAND	OS	25%	3,360.00	3,528.00	3,704.40
FMORT-0096	OPEN REDUCT OF FRACT W/INT FIX AT TIBIA & FIBULA	OS	25%	4,405.64	4,625.92	4,857.22
FMORT-0097	OPEN REDUCT OF FRACT W/INT FIX AT TARSALS & METATARSALS	OS	25%	2,457.60	2,580.48	2,709.50
FMORT-0099	OPEN REDUCT OF FRACT W/INT FIX AT FEMUR(LEFT)	OS	25%	4,405.64	4,625.92	4,857.22
FMORT-0117	CLOSED REDUCT OF DISLOCATION AT SHOULDER	OS	25%	740.77	777.81	816.70
FMORT-0121	CLOSED REDUCT OF DISLOCATN AT HIP	OS	25%	1,549.26	1,626.72	1,708.06
FMORT-0126	OPEN REDUCT OF DISLOCATN AT SHOULDER	OS	25%	4,405.64	4,625.92	4,857.22



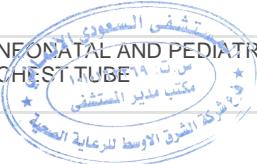
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMORT-0195	OTHER DORSO-LUMBAR SPINAL - FUSION	OS	25%	7,334.62	7,701.35	8,086.42
FMORT-0250	TENOTOMY OF HAND	OS	25%	2,202.82	2,312.96	2,428.61
FMORT-0295	ACHILLOOTENOTOMY	OS	25%	2,169.60	2,278.08	2,391.98
FMORT-0301	RELEASE OF VOLKMANN'S CONTRACTION BY FASCIOTOMY	OS	25%	2,202.82	2,312.96	2,428.61
FMORT-0314	QUADRICEPS PLASTY	OS	25%	2,318.76	2,434.70	2,556.43
FMORT-0348	LUMBAR PUNCTURE. .	OS	25%	215.46	226.23	237.54
FMORT-0356	FOOT SLAP MADE IN GERMANY	OS	25%	1,200.42	1,260.44	1,323.46
FMORT-0366	ABOVE ELBOW CIRCULAR CAST	OS	25%	543.88	571.07	599.63
FMORT-0367	BELOW KNEE	OS	25%	375.26	394.02	413.72
FMORT-0378	HIGH TIBIAL OSTEOTOMY W/O GRAFT	OS	25%	3,674.62	3,858.35	4,051.27
FMORT-0388	OSTEOTOMY OF KNEE	OS	25%	4,339.20	4,556.16	4,783.97
FMORT-0422	DRESSING OF WOUND - SMALL	OS	25%	121.84	127.93	134.33
FMORT-0423	DRESSING OF WOUND - MEDIUM	OS	25%	82.85	86.99	91.34
FMORT-0430	ARTHROSCOPY OF KNEE - SURGICAL	OS	25%	2,073.60	2,177.28	2,286.14
FMORT-0441	REMOVAL OF KWIRE	OS	25%	225.60	236.88	248.72
FMORT-0451	CORRECTION OF HALUX VALGUS	OS	25%	1,920.00	2,016.00	2,116.80
FMORT-0493	OPEN RED.& INT.FIX.OF FRACTURE OF CALCANEUS	OS	25%	2,641.44	2,773.51	2,912.19
FMORT-0541	RELEASE OF TRIGGER FINGER	OS	25%	729.60	766.08	804.38
FMORT-0559	REMOVAL OF INTERNAL FIXATION DEVICE AT SPINE	OS	25%	2,938.72	3,085.66	3,239.94
FMORT-0575	PATELLOPLASTY	OS	25%	2,938.72	3,085.66	3,239.94
FMORT-0591	REMOVAL OF INT. FIX. DEVICE AT TIBIA	OS	25%	2,318.76	2,434.70	2,556.43
FMORT-0596	ARTROSCOPY ANKLE SURGICAL	OS	25%	3,360.00	3,528.00	3,704.40
FMORT-0600	REMOVAL OF BAND OR STAPLE	OS	25%	779.76	818.75	859.69
FMORT-0614	EXPLORATION OF NERVE & NEUROLYSIS OR REPAIR	OS	25%	7,334.62	7,701.35	8,086.42
FMORT-0634	ACL RECONSTRUCTION FOR ARTHROSCOPY GRADE 1	OS	25%	2,400.00	2,520.00	2,646.00



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FMORT-0638	REPAIR -NERVE INJURY W/O GRAFT	OS	25%	4,405.64	4,625.92	4,857.22
FMORT-0647	APPLICATION OF EXTERNAL FIXATOR GRADE II	OS	25%	1,692.90	1,777.55	1,866.42
FMORT-0690	SPINAL FUSION WITH MICOMED SYS TEM	OS	25%	5,321.86	5,587.95	5,867.35
FMORT-0713	OPEN REDUCTION W/INT FIXATION AT CLAVICAL	OS	25%	2,565.00	2,693.25	2,827.91
FMORT-0718	EXCISION OF EXOSTOSIS UNILATERAL	OS	25%	1,754.46	1,842.18	1,934.29
FMORT-0725	ACL RECONSTRUCTION GRADE II (COMPLETE TEAR) BY ARTHROSCOPY	OS	25%	8,208.00	8,618.40	9,049.32
FMORT-0727	CLOSED REDUCT W/INT FIX AT RADIUS ULNA	OS	25%	974.70	1,023.44	1,074.61
FMORT-0728	ORIF AT ANKLE RIGHT	OS	25%	4,800.00	5,040.00	5,292.00
FMORT-0729	ORIF AT ANKLE LEFT	OS	25%	4,873.50	5,117.18	5,373.03
FMORT-0731	ORIF AT TIBIAL PLATAUE RIGHT	OS	25%	4,873.50	5,117.18	5,373.03
FMORT-0732	ORIF AT TIBIAL PLATAUE LEFT	OS	25%	4,873.50	5,117.18	5,373.03
FMORT-0744	EXCISION OF GANGLION ORTHO	OS	25%	1,440.00	1,512.00	1,587.60
FMORT-0748	DEBRIDEMENT AND SUTURING (ORTHO)	OS	25%	779.76	818.75	859.69
FMORT-0760	REVISION OF ACL RECONSTRUCTION	OS	25%	8,772.30	9,210.92	9,671.46
FMORT-0762	ARTHROSCOPIC SUBACROMIAL DECOMPRESSION.	OS	25%	4,320.00	4,536.00	4,762.80
FMORT-0763	ARTHROSCOPIC ROTATOR CUFF REPAIR.	OS	25%	7,680.00	8,064.00	8,467.20
FMORT-0764	ARTHROSCOPIC BANKART REPAIR	OS	25%	7,310.25	7,675.76	8,059.55
FMORT-0770	ARTHROSCOPY OF ELBOW SURGICAL	OS	25%	5,848.20	6,140.61	6,447.64
FMORT-0773	EXTERNAL FIXATION UNSIPEC SITE	OS	25%	3,411.45	3,582.02	3,761.12
FMORT-0778	ANKLE LIGAMENT RECONSTRUCTION	OS	25%	5,760.00	6,048.00	6,350.40
FMORT-0812	MPFL RECONSTRUCTION KNEE	OS	25%	5,848.20	6,140.61	6,447.64
FMORT-9907	RHIZOTOMY (MULTIPLE LEVELS)	OS	25%	1,744.20	1,831.41	1,922.98



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FMORT-9911	ANTERIOR CERVICAL DISCOTOMY PL	OS	25%	3,898.80	4,093.74	4,298.43
FMORT-9929	ANTERIOR CERVICAL CORPECTOMY	OS	25%	4,873.50	5,117.18	5,373.03
FMORT-9940	POSTEROLATERAL LUMBAR SPINAL	OS	25%	3,840.00	4,032.00	4,233.60
FMORT-9941	POSTEROLATERAL WITH INTERBODY	OS	25%	4,873.50	5,117.18	5,373.03
FMORT-9954	ANTERIOR RELEASE AND INSTRUME-	OS	25%	6,335.55	6,652.33	6,984.94
FMORT-9969	REVISION OF SPINAL WOUND	OS	25%	1,026.00	1,077.30	1,131.17
FMORT-9986	CERVICAL DISECTOMY WITH ANTERIOR PLATING	OS	25%	6,335.55	6,652.33	6,984.94
FMORT-9987	LUMBAR DISECTOMY AND POSTERIOR INSTRUMENTATION	OS	25%	6,530.49	6,857.01	7,199.87
FMORT-9989	REPAIR OF TENDON	OS	25%	2,052.00	2,154.60	2,262.33
FMPDS-0028	COLOSTOMY..	OS	25%	2,693.25	2,827.91	2,969.31
FMPDS-0030	ILEOSTOMY	OS	25%	2,565.00	2,693.25	2,827.91
FMPDS-0032	EXPLORATORY LAPAROTOMY	OS	25%	2,520.00	2,646.00	2,778.30
FMPDS-0036	LOW ANAL FISTULA.	OS	25%	1,272.00	1,335.60	1,402.38
FMPDS-0079	PYELOPLASTY.	OS	25%	3,528.00	3,704.40	3,889.62
FMPDT-0004	ENDOTRACHEAL INTUBATN OF CHILD INCLUDING SHORT RESPIRATION	OS	25%	487.35	511.72	537.30
FMPDT-0015	EAR CANAL WASH (EVACUATION OF CERUMEN OR PUS)	OS	25%	87.72	92.11	96.71
FMPDT-0025	VENESECTION.	OS	25%	90.00	94.50	99.23
FMPDT-0032	SUCTION OF MUCOUS OR ASPIRATN MOUTH, NOSE & PHARYNX	OS	25%	43.86	46.05	48.36
FMPDT-0057	ENDOTRACHEAL INTUBATION OF NB & BABY INCL SHORT RESPIRATION	OS	25%	974.70	1,023.44	1,074.61
FMPDT-0185	TRANSPORT INCUBATOR	OS	25%	389.88	409.37	429.84
FMPDT-0186	ECHO CARDIOGRAM FOR PEDIATRIC	OS	25%	960.00	1,008.00	1,058.40
FMPDT-0189	RETINOPATHY OF PREMATURITY (ROP) SCREENING	OS	25%	1,169.64	1,228.12	1,289.53
FMPDT-0190	NITRIC OXIDE	OS	25%	2,924.10	3,070.31	3,223.82
FMPDT-0195	NEONATAL AND PEDIATRIC THORACTOMY TUBE INSERTION-CHEST TUBE	OS	25%	2,436.75	2,558.59	2,686.52



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FMPSD-0011	REPAIR OF CUT WOUND	OS	25%	410.40	430.92	452.47
FMPSDA0018	REPAIR OF LACERATIONS OF UPPER & LOWER LIP	OS	25%	1,622.88	1,704.02	1,789.23
FMPSDB0005	REPAIR OF SOFT TISSUE LACERATN OF NOSE	OS	25%	1,964.79	2,063.03	2,166.18
FMPSDC0009	PIERCING OF EAR FOR EARING	OS	25%	133.38	140.05	147.05
FMPSDD0006	ABDOMINOPLASTY	OS	25%	4,512.86	4,738.50	4,975.43
FMPSDE0010	REPAIR OF LACERATIONS OF EYELID	OS	25%	1,964.79	2,063.03	2,166.18
FMPSDE0023	TONGUE TIE RELEASE	OS	25%	533.52	560.20	588.21
FMPSDF0013	REPAIR OF MODERATE LACERATION OF HAND	OS	25%	1,964.79	2,063.03	2,166.18
FMPSDF0014	REPAIR OF MAJOR LACERATIONS OF HAND	OS	25%	2,621.43	2,752.50	2,890.13
FMPSDF0016	TENDON SUTURE OF HAND(EXTENSOR)	OS	25%	1,051.65	1,104.23	1,159.44
FMPSDF0023	FINGER TIP RECONSTRUCITON (G.A.)	OS	25%	511.72	537.31	564.17
FMPSDJ0001	ROTATION FLAP (MAJOR)	OS	25%	4,386.15	4,605.46	4,835.73
FMPSDJ0002	ROTATION FLAP (MODERATE).	OS	25%	1,166.40	1,224.72	1,285.96
FMPSDJ0003	ROTATION FLAP (MINOR)	OS	25%	1,440.00	1,512.00	1,587.60
FMPSDJ0041	MICRO SURGERY PROCEDURE	OS	25%	5,848.20	6,140.61	6,447.64
FMPSDJ0042	INTRALESIONAL INJECTION OF CORTICOSTERIOD	OS	25%	243.68	255.86	268.66
FMPSDJ0045	SILICON SHEET APPLICATION 1 X 22	OS	25%	311.90	327.50	343.87
FMPSDJ0046	PLASTIC SURGERY SMALL DRESSING	OS	25%	102.60	107.73	113.12
FMPSDJ0047	PLASTIC SURGERY MEDIUM DRESSING	OS	25%	153.90	161.60	169.67
FMPSDJ0048	PLASTIC SURGERY LARGE DRESSING	OS	25%	256.50	269.33	282.79
FMPSDJ0049	PLASTIC SURGERY BURN UPTO 5% DRESSING	OS	25%	410.40	430.92	452.47
FMPSDJ0051	PLASTIC SURGERY STITCHES REMOVAL	OS	25%	102.60	107.73	113.12
FMPSDJ0054	PLASTIC SURGERY SKIN SUTURES	OS	25%	410.40	430.92	452.47
FMPSDK0009	SPLIT THICKNESS SKIN GRAFT	OS	25%	1,462.05	1,535.15	1,611.91
FMPSDK0020	SCAR REVISION MEDIUM(LA)	OS	25%	584.82	614.06	644.76
FMPSDK0023	REPAIR OF LACERATED WOUNDS OF FACE ROREHEAD AND SCALP	OS	25%	1,462.05	1,535.15	1,611.91



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FMPSDK0024	REPAIR OF LACERATED WOUNDS OF THE TRUNK OF EXTREMITIES	OS	25%	974.70	1,023.44	1,074.61
FMPSDK0032	EXCISION OF VERRUCA PLANTARIS	OS	25%	974.70	1,023.44	1,074.61
FMPSDK0037	THUMB RECONSTRUCTION(FINGERTIP RECONSTRUCTION)	OS	25%	820.80	861.84	904.93
FMPSDK0039	DEBRIDEMENT AND SUTURE OF SKIN DEEP	OS	25%	843.12	885.28	929.54
FMPSDK0053	EXPLORATION & FB REMOVAL OF HAND(MODERATE)	OS	25%	974.70	1,023.44	1,074.61
FMPSDK0083	DIGITAL NERVE REPAIR.	OS	25%	2,400.00	2,520.00	2,646.00
FMPSDK0099	RECONSTRUCTION OF THE FRONTALIS MUSCLE	OS	25%	1,949.40	2,046.87	2,149.21
FMPSDK0114	REPAIR OF CHIN LACERATION	OS	25%	2,052.00	2,154.60	2,262.33
FMPSDK0148	EXPLORATION OF DEEP WOUND-RIGHT ARM W/ MUSCLE REPAIR	OS	25%	3,078.00	3,231.90	3,393.50
FMPSDK0192	EXCISION OF BASAL CELL CARCINOMA FROM THE SCALP	OS	25%	3,078.00	3,231.90	3,393.50
FMPSDK0200	REPAIR OF CRUSHED LIP	OS	25%	3,078.00	3,231.90	3,393.50
FMPSYB0007	BEHAVIORAL THERAPY SESSION	OS	25%	441.18	463.24	486.40
FMPSYB0014	E.C.T. WITH ANAESTHESIA	OS	25%	506.84	532.18	558.79
FMPSYB0019	ECT PCKG OP W/ ANAES. DAY CARE	OS	25%	1,462.05	1,535.15	1,611.91
FMPTD-0013	HYDROTHERAPY WITH EXERCISES	OS	25%	160.00	168.00	176.40
FMPTD-0014	OCCUPATIONAL THERAPY	OS	25%	62.40	65.52	68.80
FMPTD-0080	HOT PACK LARGE	OS	25%	60.84	63.88	67.08
FMPTD-0083	PT MULTIPLE AREAS (3 PROCS)	OS	25%	201.17	211.23	221.79
FMPTD-0123	PT ASSESSMENT AND EXAMINATION	OS	25%	80.00	84.00	88.20
FMPTD-0150	Occupational Therapy Session A	OS	25%	80.00	84.00	88.20
FMPTD-0193	KINESIOLOGY TAPING	OS	25%	80.00	84.00	88.20
FMSUP-0012	NC-A	OS	25%	91.20	95.76	100.55
FMSUP-0026	Room supply 101	OS	25%	159.60	167.58	175.96
FMSUP-0027	Room supply 109A	OS	25%	159.60	167.58	175.96
FMSUP-0028	VIP1	OS	25%	159.60	167.58	175.96
FMSUR-1006	EXCISION AND BIOPSY OF SKIN	OS	25%	225.60	236.88	248.72
FMSUR-1008	ABSCESS INCISION (SUPERFICIAL)	OS	25%	112.09	117.69	123.58
FMSUR-1012	REMOVAL OF NAIL	OS	25%	160.83	168.87	177.32



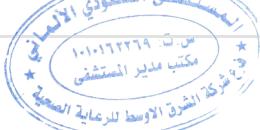
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMSUR-1013	DRAINAGE SM.ABCESS-LOCAL ANAES	OS	25%	117.99	123.89	130.08
FMSUR-1016	CIRCUMCISION 2 MONTHS - 1 YEAR UNDER G.A	OS	25%	410.40	430.92	452.47
FMSUR-1026	DRAINAGE OF ABSCESS UNDER L.A	OS	25%	570.20	598.71	628.65
FMSUR-1028	DEBRDMT & SUTURE OF SKIN-DEEP	OS	25%	794.38	834.10	875.80
FMSUR-1029	EXCISN OF LIPOMA OR SIMPLE BENIGN TUMOUR OF SKIN	OS	25%	561.60	589.68	619.16
FMSUR-1031	EXCISN OF MULTIPLE LIPOMA OR NEUROMA.	OS	25%	1,785.24	1,874.50	1,968.23
FMSUR-1032	EXCISION OF GANGLION.	OS	25%	892.80	937.44	984.31
FMSUR-1036	EXCISN OF SEBACEOUS CYST SINGL	OS	25%	451.20	473.76	497.45
FMSUR-1038	EXCISN OF SEBACEOUS CYST MTPL	OS	25%	892.80	937.44	984.31
FMSUR-1041	INCISSON AND DRAINAGE UNDER G.A	OS	25%	960.00	1,008.00	1,058.40
FMSUR-2041	LAP. CLOSURE PERF PEPTIC ULCER	OS	25%	3,396.06	3,565.86	3,744.16
FMSUR-2044	LAPAROSCOPIC FUNDOPPLICATION	OS	25%	3,024.00	3,175.20	3,333.96
FMSUR-2045	EXCISION OF TONGUE MASS	OS	25%	1,291.48	1,356.05	1,423.86
FMSUR-2052	EXPLORATORY LAPAROTOMY.	OS	25%	2,520.00	2,646.00	2,778.30
FMSUR-2054	PERITONEAL WASHOUT	OS	25%	2,826.63	2,967.96	3,116.36
FMSUR-2061	DIAGNOSTIC LAPAROSCOPY	OS	25%	1,113.60	1,169.28	1,227.74
FMSUR-2064	ILEOSTOMY.	OS	25%	2,565.00	2,693.25	2,827.91
FMSUR-2065	LAPAROSCOPIC LYSIS OF PERITON- EAL ADHESION	OS	25%	3,336.00	3,502.80	3,677.94
FMSUR-2067	LT. LAT. ANAL SPHINCTEROTOMY	OS	25%	892.80	937.44	984.31
FMSUR-2068	EXCISN HIGH ANAL FISTULA	OS	25%	2,001.60	2,101.68	2,206.76
FMSUR-2070	DRAINAGE OF PERINEAL ABCESS	OS	25%	729.60	766.08	804.38
FMSUR-2072	REPAIR OF PARTIAL PROLAPSE OF ANUS	OS	25%	1,339.20	1,406.16	1,476.47
FMSUR-2074	EXCISION OF ANAL FISSURE	OS	25%	2,016.00	2,116.80	2,222.64
FMSUR-2075	EXCISION OF ANAL FISTULA - LOW	OS	25%	2,112.00	2,217.60	2,328.48
FMSUR-2076	HAEMORRHOIDECTOMY	OS	25%	1,344.00	1,411.20	1,481.76



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMSUR-2077	COLOSTOMY.	OS	25%	2,693.25	2,827.91	2,969.31
FMSUR-2078	APPENDECTOMY	OS	25%	2,257.20	2,370.06	2,488.56
FMSUR-2080	EXCISION OF PILONIDAL SINUS	OS	25%	1,584.00	1,663.20	1,746.36
FMSUR-2089	RESECTION OF TRANSVERSE COLON	OS	25%	4,512.86	4,738.50	4,975.43
FMSUR-2093	COMPLETE RECTAL PROLAPSE REPAIR THROUGH THE ANUS	OS	25%	3,840.00	4,032.00	4,233.60
FMSUR-2123	LAPAROSCOPIC CHOLECYSTECTOMY	OS	25%	3,840.00	4,032.00	4,233.60
FMSUR-2135	LAPAROSCOPIC HERNIORRHAPHY	OS	25%	2,261.30	2,374.37	2,493.08
FMSUR-2136	LAPAROSCOPIC BILATERAL HERNIO- RHAPY	OS	25%	3,952.41	4,150.03	4,357.53
FMSUR-3010	ARTERIOVENOUS FISTULA DIRECT	OS	25%	3,898.80	4,093.74	4,298.43
FMSUR-3011	ARTERIOVENOUS FISTULA AUTOGENOUS GRAFT	OS	25%	3,411.45	3,582.02	3,761.12
FMSUR-3018	EMBOLECTOMY FEMORAL BRACHIAL	OS	25%	3,565.35	3,743.62	3,930.80
FMSUR-3027	AMPUTATION TOE	OS	25%	718.20	754.11	791.82
FMSUR-3036	CAROTID THROMBOEND ARTREC TOMY	OS	25%	6,779.04	7,117.99	7,473.89
FMSUR-4009	RADICAL MASTECTOMY AND AXILLARY BLOCK DISSECTION	OS	25%	2,261.30	2,374.37	2,493.08
FMSUR-4010	RADICAL MASTECTOMY	OS	25%	3,360.00	3,528.00	3,704.40
FMSUR-4011	TOTAL THROIDECTOMY	OS	25%	4,320.00	4,536.00	4,762.80
FMSUR-4014	LYMPH NODES BIOPSY (DEEP)	OS	25%	892.80	937.44	984.31
FMSUR-4019	EXCISION OF LOCALIZED LESION OF BREAST	OS	25%	1,512.00	1,587.60	1,666.98
FMSUR-4022	NECK EXPLORATION	OS	25%	4,512.86	4,738.50	4,975.43
FMSUR-5010	HERNIORRHAPHY	OS	25%	2,400.00	2,520.00	2,646.00
FMSUR-6014	DECORTICATION	OS	25%	3,565.35	3,743.62	3,930.80
FMSUR-9024-O	DRAINAGE OF ABSCESS UNDER LA	OS	25%	600.21	630.22	661.73
FMSUR-9025-O	DRESSING OF DIABETIC FOOT.	OS	25%	150.00	157.50	165.38



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FMSUR-9033	RECTAL BIOPSY (FULL THICKNESS)	OS	25%	1,026.00	1,077.30	1,131.17
FMSUR-9041	LAPROSCOPIC ASSISTED RETROPERITONEAL LYMPH NODE EXCISION	OS	25%	2,436.75	2,558.59	2,686.52
FMSUR-9044	FEMORAL OR SUBCLAVICEN CATHETR.	OS	25%	650.00	682.50	716.63
FMSUR-9048	EXCISION OF SOFT TISSUE SARCOMA	OS	25%	3,591.00	3,770.55	3,959.08
FMSUR-9050	EXCISION OF FIBROMA	OS	25%	480.00	504.00	529.20
FMSUR-9053	REPAIR OF OMPHALOCAELE(BIG)	OS	25%	2,052.00	2,154.60	2,262.33
FMSUR-9057	CIRCUMCISION BETWEEN 1-15 YEARS	OS	25%	487.35	511.72	537.30
FMSUR-9062	EXCISION OF SKIN PAPILLOMA	OS	25%	480.00	504.00	529.20
FMSUR-9085	ABSCCESS INCISION & DRAINAGE UNDER LOCAL ANAESTHESIA	OS	25%	307.20	322.56	338.69
FMSUR-9087	EVACUATION OF WOUND HAEMATOMA	OS	25%	487.35	511.72	537.30
FMSUR-9091	AUXILLARY ARTERY REPAIR	OS	25%	19,494.00	20,468.70	21,492.14
FMSUR-9094	REPAIR OF VENTRAL HERNIA WITH MESH	OS	25%	3,411.45	3,582.02	3,761.12
FMSUR-9098	QUADRENECTOMY AND AUXILLARY EVACUATION	OS	25%	3,411.45	3,582.02	3,761.12
FMSUR-9120	EXCISION OF UMBILICAL MASS	OS	25%	2,052.00	2,154.60	2,262.33
FMSUR-9126	REPAIR OF VENTRAL HERNIA & ABDOMINOPLASTY	OS	25%	7,797.60	8,187.48	8,596.85
FMSUR-9128	EXCISION OF NEUROFIBROMA	OS	25%	1,462.05	1,535.15	1,611.91
FMSUR-9132	RELEASE OF TONGUE TIE UNDER GA	OS	25%	960.00	1,008.00	1,058.40
FMSUR-9133	CERVICAL LYMPHADENECTION	OS	25%	2,436.75	2,558.59	2,686.52
FMSUR-9139	ANAL DILATATION.	OS	25%	1,440.00	1,512.00	1,587.60
FMSUR-9145	REPAIR OF DIVERICATION OF RECTI	OS	25%	2,924.10	3,070.31	3,223.82
FMSUR-9147	EVACUATION OF HAEMATOMA - LARGE/DEEP	OS	25%	740.77	777.81	816.70
FMSUR-9148	REPAIR OF MULTIPLE RUPTURED LIVER	OS	25%	6,335.55	6,652.33	6,984.94
FMSUR-9149	REPAIR OF ABDOMINAL WALL (SECONDARY SUTURING)	OS	25%	1,632.37	1,713.99	1,799.69
FMSUR-9150	EXCISION OF ANAL POLYP	OS	25%	960.00	1,008.00	1,058.40



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FMSUR-9154	EXCISION OF HAEMANGIOMA BIG	OS	25%	1,920.00	2,016.00	2,116.80
FMSUR-9159	REPAIR OF DIAPHRAGMATIC HERNIA	OS	25%	6,822.90	7,164.05	7,522.25
FMSUR-9164	EXCISION OF DESMOID TUMOUR	OS	25%	3,411.45	3,582.02	3,761.12
FMSUR-9166	REPAIR OF FEMORAL ARTERY ANEURYSM	OS	25%	11,696.40	12,281.22	12,895.28
FMSUR-9171	NEONATAL LAPAROTOMY, MICROSURGICAL PROCEDURE	OS	25%	11,696.40	12,281.22	12,895.28
FMSUR-9183	NEONATAL INGUINAL HERNIA REPAIR(OBSTRUCTION)-UNILATERAL	OS	25%	5,760.00	6,048.00	6,350.40
FMSUR-9188	NEONATAL INGUINAL HERNIA REPAIR(OBSTRUCTION)-BILATERAL	OS	25%	7,797.60	8,187.48	8,596.85
FMSUR-9193	LAP SLEEVE GASTRECTOMY	OS	25%	4,800.00	5,040.00	5,292.00
FMSUR-9194	LAPAROSCOPIC VENTRAL HERNIA REPAIR WITH MESH	OS	25%	5,848.20	6,140.61	6,447.64
FMSUR-9200	REMOVAL OF INGROWING NAIL UNDER G.A.	OS	25%	389.88	409.37	429.84
FMSUR-9206	HAEMORRHOIDECTOMY BY HARMONIC SCALPEL	OS	25%	3,898.80	4,093.74	4,298.43
FMURO-0002	CYSTOURETHOSCOPY	OS	25%	1,113.60	1,169.28	1,227.74
FMURO-0005	SIMPLE URETHRAL DILATATION	OS	25%	779.76	818.75	859.69
FMURO-0008	VISUAL INT. URETHROTOMY	OS	25%	2,261.30	2,374.37	2,493.08
FMURO-0009	T.U.R. OF PROSTATE	OS	25%	3,952.41	4,150.03	4,357.53
FMURO-0010	T.U.R. OF BLADDER TUMOURS	OS	25%	3,840.00	4,032.00	4,233.60
FMURO-0020	MEATOTOMY.	OS	25%	561.60	589.68	619.16
FMURO-0026	PYELOLITHOTOMY.	OS	25%	3,336.00	3,502.80	3,677.94
FMURO-0030	URETEROVERSICAL ANASTOMOSIS	OS	25%	3,565.35	3,743.62	3,930.80
FMURO-0038	PYELOPLASTY..	OS	25%	3,528.00	3,704.40	3,889.62
FMURO-0047	BILATERAL URETERIC SPLINTING	OS	25%	3,336.00	3,502.80	3,677.94
FMURO-0053	URETEROLYSIS	OS	25%	3,387.08	3,556.43	3,734.26
FMURO-0055	INSERTION OF URETHRAL CATHETER	OS	25%	175.45	184.22	193.43
FMURO-0061	CIRCUMCISION	OS	25%	341.15	358.21	376.12



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMURO-0067	HYDROCELE EXCISION	OS	25%	1,560.00	1,638.00	1,719.90
FMURO-0070	URETERAL DILATATION OR MEATO- MY	OS	25%	1,785.24	1,874.50	1,968.23
FMURO-0072	URETEROSCOPY URS	OS	25%	1,670.40	1,753.92	1,841.62
FMURO-0075	VARICOCELE (OPEN SURGERY)	OS	25%	1,670.40	1,753.92	1,841.62
FMURO-0080	ORCHIDOPEXY	OS	25%	2,784.00	2,923.20	3,069.36
FMURO-0088	CYSTOSCOPY (DIAGNOSTIC)	OS	25%	561.60	589.68	619.16
FMURO-0090	ENDOSCOPIC DILATATN OF URETE- RAL STRICTURE	OS	25%	1,670.40	1,753.92	1,841.62
FMURO-0092	STONE BASKETING & MANIPULATION	OS	25%	1,431.27	1,502.83	1,577.98
FMURO-0120	UNILATERAL URETERIC SPLINTING	OS	25%	1,271.98	1,335.58	1,402.36
FMURO-0121	URO DYNAMIC STUDY	OS	25%	661.77	694.86	729.60
FMURO-0130	CYSTOSCOPY AND BIOPSY	OS	25%	1,339.20	1,406.16	1,476.47
FMURO-0170	LAPAROSCOPIC BILATERAL VARICOCELECTOMY	OS	25%	7,797.60	8,187.48	8,596.85
FMURO-0173	SIMPLE URETHRAL DILATION UNDER LA	OS	25%	584.82	614.06	644.76
FMURO-0182	DILATION OF STRUCTURE URETHRA SERIALS IN OPD	OS	25%	718.20	754.11	791.82
FMURO-0613	ESWL(LARGE)	OS	25%	2,160.00	2,268.00	2,381.40
FMURO-2003	REMOVAL OF UTERAL STENT	OS	25%	960.00	1,008.00	1,058.40
FMURO-2027	REMOVAL OF STENT	OS	25%	1,190.16	1,249.67	1,312.15
FMURO-2028	ENDOSCOPIC STONE RETRIVAL	OS	25%	3,078.00	3,231.90	3,393.50
FMURO-2036	RYLICPLASTY	OS	25%	5,520.00	5,796.00	6,085.80
FMURO-2046	LASER STONE KIDNEY FRAGMENTATION	OS	25%	1,920.00	2,016.00	2,116.80
FMURO-2048	LASER STONE URETERAL FRAGMENTATION	OS	25%	2,112.00	2,217.60	2,328.48
FMURO-2064	ENDOSCOPIC INJEC OF DFLUX BULKNG AGENT IN BLADR NECK	OS	25%	3,078.00	3,231.90	3,393.50
FMURO-2072	ENDODILATION OF URETER BY TEFLON DILATOR	OS	25%	974.70	1,023.44	1,074.61



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMURO-2075	DRAINAGE OF PERINEAL ABSCESS & DEBRIDEMENT	OS	25%	1,462.05	1,535.15	1,611.91
FMURO-2087	BLADDER NECK INCISION	OS	25%	1,462.05	1,535.15	1,611.91
FMURO-2090	REMOVAL OF BILATERAL DJ STENTS	OS	25%	1,641.60	1,723.68	1,809.86
FMURO-2092	EXCHANGE OF D.J STENT	OS	25%	1,440.00	1,512.00	1,587.60
FMURO-2129	TURBT OF MULTIPLE UB MASS	OS	25%	5,760.00	6,048.00	6,350.40
FMURO-2145	EXCHANGE OF BILATERAL D.J. STENT	OS	25%	4,873.50	5,117.18	5,373.03
FMURO-2170	UNILATERAL FLEXIBLE URS	OS	25%	2,052.00	2,154.60	2,262.33
FMURO-2171	REPAIR INGUINO SCROTAL HERNIA	OS	25%	1,152.00	1,209.60	1,270.08
FMURO-2179	RADICAL CYSTECTOMY	OS	25%	11,696.40	12,281.22	12,895.28
FMURO-2181	UNILATERAL URETERIC RE-IMPLANTATION	OS	25%	4,873.50	5,117.18	5,373.03
FMURO-2191	LASER DEROOTING OF URETROCELE	OS	25%	8,772.30	9,210.92	9,671.46
FMXRY-0008	ORBITS PA WATERS OBL.	OS	25%	146.21	153.52	161.20
FMXRY-0012	ACROMIO CLAVICULAR JOINT	OS	25%	146.21	153.52	161.20
FMXRY-0017	STERNUM MULTIPLE VIEWS	OS	25%	204.69	214.92	225.67
FMXRY-0042	ELBOW AP. LAT. WITH SPECIAL VIEWS	OS	25%	268.04	281.44	295.51
FMXRY-0060	OBTURATE FORAMEN & ALA.(1 SID)	OS	25%	165.70	173.99	182.68
FMXRY-0084	CHEST-LAT W/BARRIUM	OS	25%	205.20	215.46	226.23
FMXRY-0094	PANORAMA & CEPHALOMETRIC TWO VIEW	OS	25%	343.71	360.90	378.94
FMXRY-0107	FLUROSCOPY IN O.R. 15 MINUTES	OS	25%	333.45	350.12	367.63
FMXRY-0235	PELVIC ANGIOGRAM	OS	25%	2,052.00	2,154.60	2,262.33
FMXRY-0239	SUPERIOR/INFERIOR CAVOGRAPHY	OS	25%	1,128.60	1,185.03	1,244.28
FMXRY-0243	VENOGRAPHY UYPP/LOW EXTR.1 SID	OS	25%	615.60	646.38	678.70
FMXRY-0308	C.T. CHEST MEDIASTINUM W&W/O CONT.	OS	25%	1,364.58	1,432.81	1,504.45
FMXRY-0313	C.T. ABDOMEN & PELVIS W/ & W/OUT CONT	OS	25%	1,559.52	1,637.50	1,719.37
FMXRY-0317	C.T. SPINE POST MYELOGRAM	OS	25%	1,656.99	1,739.84	1,826.83



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FMXRY-0323	C.T. FOR PELVIMETRY	OS	25%	487.35	511.72	537.30
FMXRY-0363	CT SCAN OF MUSCLES	OS	25%	1,026.00	1,077.30	1,131.17
FMXRY-0406	THALLIUM W/EXERCISE	OS	25%	2,899.73	3,044.72	3,196.95
FMXRY-0468	I-131 5 MCI	OS	25%	584.82	614.06	644.76
FMXRY-0469	I-131 10 MCI	OS	25%	974.70	1,023.44	1,074.61
FMXRY-0472	I-131 50 MCI	OS	25%	1,462.05	1,535.15	1,611.91
FMXRY-0473	I-131 100 MCI	OS	25%	1,949.40	2,046.87	2,149.21
FMXRY-0474	I-131 120 MCI	OS	25%	2,436.75	2,558.59	2,686.52
FMXRY-0487	RENAL GENERIC MAG3	OS	25%	2,924.10	3,070.31	3,223.82
FMXRY-0488	UNILATERAL ABLATION OF VARICOSE VEINS FOR COM.PAT	OS	25%	7,797.60	8,187.48	8,596.85
FMXRY-0489	BILATERAL ABLATION OF VARICOSE VEINS FOR COM.PAT	OS	25%	9,747.00	10,234.35	10,746.07
FMXRY-0520	ULTRASOUND DOPPLER - PORTAL/HEPATIC VEINS	OS	25%	584.82	614.06	644.76
FMXRY-0522	ULTRASOUND TESTIS & DOPPLER FOR VARICOCELE	OS	25%	584.82	614.06	644.76
FMXRY-0533	ULTRASOUND DOPPLER STUDY FOLLOW UP	OS	25%	287.28	301.64	316.73
FMXRY-0536	ULTRASOUND 3D BREAST EXAMINATION	OS	25%	389.88	409.37	429.84
FMXRY-0546	RADIOACTIVE I131 COURSE 6000	OS	25%	5,848.20	6,140.61	6,447.64
FMXRY-0553	BILIARY STENT.	OS	25%	14,620.50	15,351.53	16,119.10
FMXRY-0557	BILIARY STENT	OS	25%	14,620.50	15,351.53	16,119.10
FMXRY-0559	RADIOISOTOPE BLEEDING TEST	OS	25%	4,873.50	5,117.18	5,373.03
FMXRY-0570	RENAL ISOTOPE PRE & POST OPERATION	OS	25%	9,747.00	10,234.35	10,746.07
FMXRY-0573	MUSCULO SKELETAL ULTRASOUND	OS	25%	389.88	409.37	429.84
FMXRY-0585	PORTACATH INSERTION BY IMAGING GUIDANCE	OS	25%	14,620.50	15,351.53	16,119.10
FMXRY-0586	VESSEL ANGIOPLASTY FOR SMALL VESSEL	OS	25%	11,696.40	12,281.22	12,895.28
FMXRY-0588	VESSEL ANGIOPLASTY FOR LARGE VESSEL	OS	25%	14,620.50	15,351.53	16,119.10



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FMXRY-0595	TUNNELED DIALYSIS CATHETER REMOVAL	OS	25%	2,436.75	2,558.59	2,686.52
FMXRY-0596	PIGTAIL CATHETER REMOVAL	OS	25%	974.70	1,023.44	1,074.61
FMXRY-0616	M.R.I. WITH GADOLONIUM	OS	25%	2,241.81	2,353.90	2,471.60
FMXRY-0630	M.R.I. ABDOMEN & PELVIS W/O CONTRAST	OS	25%	1,656.99	1,739.84	1,826.83
FMXRY-0642	M.R.I.CERVICAL SPINE W/ CONTRAST	OS	25%	1,851.93	1,944.53	2,041.75
FMXRY-0655	M.R.I. CHEST	OS	25%	1,656.99	1,739.84	1,826.83
FMXRY-0664	M.R.I. FOOT	OS	25%	1,656.99	1,739.84	1,826.83
FMXRY-0671	ULTRASOUND GUIDED PERCUTANEOUS THROMBIN INJECTION	OS	25%	14,620.50	15,351.53	16,119.10
FMXRY-0678	PROSTATIC ARTERIAL EMBOLIZATION	OS	25%	29,241.00	30,703.05	32,238.20
FMXRY-0679	TRANSRECTAL U/S PROSTATIC BIOPSY	OS	25%	6,822.90	7,164.05	7,522.25
FMXRY-0680	ANGIOPLASTY USING TWO BALLOONS	OS	25%	29,241.00	30,703.05	32,238.20
FMXRY-0681	ANGIOPLASTY USING THREE BALLOONS	OS	25%	43,861.50	46,054.58	48,357.30
FMXRY-0682	CEREBRAL ANGIOGRAM W/MULTIPLE SUPER SELECTIONS	OS	25%	29,241.00	30,703.05	32,238.20
FMXRY-0689	CARDIAC SCAN LEFT LATERAL	OS	25%	20,468.70	21,492.14	22,566.74
FMXRY-0697	PERIPHERALLY INSERTED CENTRAL CATHETER(PICC)	OS	25%	11,696.40	12,281.22	12,895.28
FMXRY-0706	RECANALIZATION OF CALCIFIED VESSELS	OS	25%	19,200.00	20,160.00	21,168.00
FMXRY-0710	DRUG COATED BALLOON ANGIOPLASTY	OS	25%	29,241.00	30,703.05	32,238.20
FMXRY-0717	PERCUTANEOUS ANGIO GUIDED GASTROSTOMY CATH. INSERT	OS	25%	13,645.80	14,328.09	15,044.49
FMXRY-0720	UNILATERAL LASER ABLATION OF VARICOSE VEINS	OS	25%	11,696.40	12,281.22	12,895.28
FMXRY-0721	BILATERAL LASER ABLATION OF VARICOSE VEINS	OS	25%	15,595.20	16,374.96	17,193.71
FMXRY-0727	UNILATERAL PLEURAL EFFUSION DRAINAGE BY I.G.	OS	25%	5,760.00	6,048.00	6,350.40
FMXRY-0752	ABDOMINAL ANGIOGRAM W/MULTIPLE SUPER SELECTION	OS	25%	19,494.00	20,468.70	21,492.14



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0753	PELVIC ANGIOGRAM W/MULTIPLE SUPER SELECTION	OS	25%	19,494.00	20,468.70	21,492.14
FMXRY-0911	PERCUTENOUS TRANSHEPATIC DRANAGE(PTD)	OS	25%	3,898.80	4,093.74	4,298.43
FMXRY-0913	VENOUS EMBOLIZATION	OS	25%	5,848.20	6,140.61	6,447.64
FMXRY-0924	RENAL ARTERIOGRAM	OS	25%	5,360.85	5,628.89	5,910.34
FMXRY-0928	MALFORMATION EMBOLIZATION	OS	25%	10,721.70	11,257.79	11,820.67
FMXRY-0936	VASCULAR STENT PLACEMENT	OS	25%	19,494.00	20,468.70	21,492.14
FMXRY-0938	EXTERMITY VENOGRAM	OS	25%	1,949.40	2,046.87	2,149.21
FMXRY-0939	FISTULOGRAM	OS	25%	1,462.05	1,535.15	1,611.91
FMXRY-0940	IVC GRAM	OS	25%	4,873.50	5,117.18	5,373.03
FMXRY-0944	NON-TUNNLED LINE PLACEMENT	OS	25%	4,873.50	5,117.18	5,373.03
FMXRY-0945	BIOPSY BY IMAGING GUIDANCE	OS	25%	2,924.10	3,070.31	3,223.82
FMXRY-0946	ASPIRATION/DRAINAGE	OS	25%	3,898.80	4,093.74	4,298.43
FMXRY-0947	CATHETER CHANGE	OS	25%	1,949.40	2,046.87	2,149.21
FMXRY-0948	CATHETER CHECK	OS	25%	487.35	511.72	537.30
FMXRY-0954	DIAGNOSTIC PTC	OS	25%	2,924.10	3,070.31	3,223.82
FMXRY-0956	PERCUTANOUS TRACT DILATATION	OS	25%	5,848.20	6,140.61	6,447.64
FMXRY-0971	PAIN BLOCK - BILATERAL	OS	25%	2,052.00	2,154.60	2,262.33
FMXRY-0974	PRE OPERATIONAL EMBOLIZATION	OS	25%	5,848.20	6,140.61	6,447.64
FMXRY-1000	PET PROSTATE PSMA IMAGING	OS	25%	16,569.90	17,398.40	18,268.31
FMXRY-1004	BOTH WRIST PA & LAT OBLIQUE	OS	25%	389.88	409.37	429.84
FMXRY-1007	ULTRASOUND WRIST	OS	25%	419.12	440.08	462.08
FMXRY-1008	ULTRASOUND KNEE	OS	25%	392.16	411.77	432.36
FMXRY-1011	WHOLE BODY PSMA	OS	25%	9,747.00	10,234.35	10,746.07



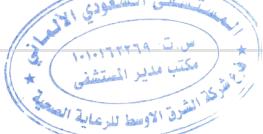
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-1012	MRI ANO-RECTAL PRE & POST CONTRAST	OS	25%	2,660.93	2,793.98	2,933.68
FMXRY-1016	CARDIAC SCAN WITH LEFT LATERAL	OS	25%	9,600.00	10,080.00	10,584.00
FMXRY-1017	V/Q SCAN PULMONARY EMBOLISM(PE)	OS	25%	10,721.70	11,257.79	11,820.67
FSEXTR-007	MINERALWATER	OS	25%	1.82	1.91	2.01
MAT	AIR MATTRESS	OS	25%	3.25	3.41	3.58
MDMA19110495	ACCU-CHECK SOFTCLIX LANCETS X 200	OS	25%	0.55	0.58	0.61
MM00331SFD AA00	ACCU-CHEK PERFORMA GLUCOSE TEST STRIP X 50..	OS	25%	2.04	2.14	2.25
MM00331SFD AA0005	ACCU-CHEK PERFORMA GLUCOSE TEST STRIP X 50 ..	OS	25%	2.04	2.14	2.25
MM00384SFD AA00	WALKER ROM	OS	25%	159.60	167.58	175.96
MM00384SFD AA0069	WALKER FIXED	OS	25%	290.02	304.52	319.75
MM00384SFD AA0070	WALKERROM	OS	25%	159.60	167.58	175.96
MM01155SFD AA0012	ONE TOUCH II GLUCOMETER	OS	25%	280.14	294.15	308.85
MM01155SFD AA0013	ONE TOUCH ULTRA STRIPS.	OS	25%	2.28	2.39	2.51
MM01939SFD AA00	BLOOD PRESSURE MONITORING KIT (PIC) .	OS	25%	273.60	287.28	301.64
MM01939SFD AA0032	BLOOD PRESSURE MONITORING KIT (PIC).	OS	25%	273.60	287.28	301.64
MM04426SFD AA00	NEBULIZER MACHINE MADE IN ITALY 220V..	OS	25%	296.93	311.78	327.37
MM04426SFD AA0002	NEBULIZER MACHINE MADE IN ITALY 220V .	OS	25%	296.93	311.78	327.37
MM06351SFD AA01	ACCU-CHECK INSTANT STRIP X 50	OS	25%	2.19	2.30	2.41
MM06351SFD AA0148	ACCU-CHECK INSTANT STRIP X 50..	OS	25%	2.19	2.30	2.41
MOX	WALL MOUNTED OXYGEN	OS	25%	68.40	71.82	75.41
MS-A-000079	ANCHOR BIOPUSHLOCK 3.5 X 19.5MM ARTHREX # AR-1926B / AR-1926PS	OS	25%	2,838.17	2,980.08	3,129.08
MS-A-000154	ABLATOR 90° MULTI-PORT ASPIRATING ARTHREX #AR-9811	OS	25%	2,192.42	2,302.04	2,417.14
MS-A-000156	ANGIOPACK ADULT F/CATHLAB KIMAL #SA-K52408	OS	25%	853.63	896.31	941.13
MS-A-000526	ADAPTOR FOR NAIL EXTRACTOR GR1 IMPLANTCAST #MA.30.09.55.1800.11	OS	25%	2,188.80	2,298.24	2,413.15
MS-B-000268	BALLOON STERLING OTW ALL SIZES	OS	25%	3,466.51	3,639.84	3,821.83
MS-B-000313	BUR TPRD ULTRAPOWER 2.2X16 LINVATEC #7021-815	OS	25%	1,116.29	1,172.10	1,230.71
MS-B-000338	BASE COLOSTOMY NEONATAL 17MKM #14307 EASIFLEX	OS	25%	43.51	45.69	47.97
MS-B-000360	BLADE SHAVER 5.0MMX13CM ARTHREX # AR-8500FS #4010017409	OS	25%	598.86	628.80	660.24
MS-B-000361	BAG FILTRATE 10LTR #5029011 FMC	OS	25%	162.79	170.93	179.48



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-B-000381	BUBBLE CPAP INFANT DELIVERY SYSTEM F&P #BC161-10	OS	25%	761.70	799.79	839.77
MS-B-000443	BOTTLE FEEDING GLASS 240ML W/NIPPLE PIGEON	OS	25%	75.84	79.63	83.61
MS-B-000563	BLANKET WARMING ADULT FULL BODY F/WARM TOUCH BLOWER MACHINE	OS	25%	229.82	241.31	253.38
MS-B-000754	BONNET NASAL CPAP MEDIUM DISPOSABLE DRAGER #8418535	OS	25%	229.82	241.31	253.38
MS-B-000756	BONNET NASAL CPAP BABY FLOW XX-LARGE DISPOSABLE DRAGER #8418538	OS	25%	229.82	241.31	253.38
MS-B-000783	BLADE/LARYNGOSCOPE MILLER SIZE 00 DISPOSABLE	OS	25%	88.10	92.51	97.13
MS-B-000882	BOTTLE PLASTIC 500ML W/COVER F/SAMPLES	OS	25%	4.32	4.54	4.76
MS-B-000972	BONNET NASAL CPAP BABY FLOW XXL PLUS DISPOSABLE DRAGER #8418539	OS	25%	229.82	241.31	253.38
MS-B-001016	BUR HANDPIECE CRANITOME # 1000042340	OS	25%	1,116.29	1,172.10	1,230.71
MS-B-001107	BALLOON RANGER PTA CATHETER 0.018 PACLITAXEL-COATED ALL SIZES BOSTON SCIENTIFIC #H749392198	OS	25%	1,357.06	1,424.91	1,496.16
MS-B-001127	BOTTOM EXTENDED TIGHTROPE 5X20MM #AR-1589RT	OS	25%	1,882.37	1,976.49	2,075.31
MS-B-001128	BRACE INTERNAL LIGAMENT AUGMENTATION REPAIR KIT # AR-1678CP	OS	25%	6,760.66	7,098.69	7,453.63
MS-B-001209	BALLOON VENOUS LARGE DIAMETER ATLAS GOLD DIFF. SIZES ATLAS BARD #ATG	OS	25%	3,830.40	4,021.92	4,223.02
MS-B-001210	BALLOON DRUG COATED LUTONIX CORONARY DCB DIFF. SIZES BARD #9020	OS	25%	10,526.76	11,053.10	11,605.75
MS-B-001211	BLADE SHAVER 4.0MMx13CM EXCALIBUR ARTHREX No.AR-8400EX	OS	25%	1,138.48	1,195.40	1,255.17
MS-B-001219	BOTTLE FEEDING GLASS 120ML W/NIPPLE PIGEON	OS	25%	71.63	75.21	78.97
MS-B-001646	BURR OVAL 8 FLUTE 4.0MM X 13CM ARTHREX No. AR-8400OBE	OS	25%	903.54	948.72	996.15
MS-B-001720	BOWL KIDNEY 700ML DISPOSABLE #MSSKB750	OS	25%	1.79	1.88	1.97
MS-B-001780	BAG RESUSCITATION PVC 1500ML W/MASK AND KIT SINGLE USE VBM MEDICAL No.84-10-195	OS	25%	226.54	237.87	249.76
MS-B-001820	BIO1-QUIKSET5CCSBMSASNo.QUICK26220	OS	25%	5,745.60	6,032.88	6,334.52
MS-B-001854	BLADE PIEZO IMPLANT CAST#US-1	OS	25%	2,188.80	2,298.24	2,413.15
MS-C-000008	CATHETER CLOSURE FAST 7FVNUSMEDICALTECHCF7-7-100	OS	25%	4,213.44	4,424.11	4,645.32
MS-C-000171	CATHETER FOLEY BALLOON 2 WAY 6CH 30ML SILICOLATEX	OS	25%	10.94	11.49	12.06
MS-C-000668	CATHETER TRIPLE LUMEN 4FR 6CM	OS	25%	352.40	370.02	388.52
MS-C-000716	CARDIOPLEGIA DELIVERY SYSTEM MYOTHERM W/BRIDGE MEDTRONIC #XP41/61399404996/61399405331	OS	25%	1,335.17	1,401.93	1,472.02
MS-C-000828	CATHETER DIAGNOSTIC TIG FR5 100CM #RH*TIG110M	OS	25%	459.65	482.63	506.76
MS-C-000912	CANNULA TWIST-IN 8.25MM I.D.X 7CM #AR-6530-PC	OS	25%	459.84	482.83	506.97
MS-C-000944	CATHETER UMBILICAL DOUBLE LUMEN 5FR 40CM VYGON #1274-17	OS	25%	766.08	804.38	844.60



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-C-000959	CATHETER DIAGNOSTIC ALL SIZES.	OS	25%	209.30	219.77	230.75
MS-C-001029	CATHETER URETERAL 7FR 70CM STRAIGHT OPEN TIP UV #UR-830770/UC-07	OS	25%	248.98	261.43	274.50
MS-C-001036	CANNULA ARTERIAL CURVED 20FR ANGLED TIP MEDTRONIC No.72420	OS	25%	837.22	879.08	923.04
MS-C-001076	CANNULARETROGRADECARDIOPLEGIARCSPI4FRMEDTRONI C#94533	OS	25%	725.59	761.87	799.96
MS-C-001093	CATHETER DIALYSIS TRIPLE LUMEN 12FRX16CM STRAIGHT #63816	OS	25%	682.91	717.06	752.91
MS-C-001178	CLIP ENDO II AUTOSUTURE 10MM MEDIUM/LARGE COVIDIEN #176657	OS	25%	984.96	1,034.21	1,085.92
MS-C-001639	CATHETER PREMICATH 28G 0.35x200MM VYGON #1261.203	OS	25%	787.97	827.37	868.74
MS-C-001640	CATHETER PREMICATH 28G 0.35x300MM VYGON #1261.306	OS	25%	787.97	827.37	868.74
MS-C-001710	CATHETERUMBILICALDOUBLELUMEN3.5FR40CMVYGON#270-03	OS	25%	45.96	48.26	50.67
MS-C-001731	CANISTER2000CC F/SUCTION LINER#2833-182C	OS	25%	32.56	34.19	35.90
MS-C-001788	COVERSHOESHIGHCUFF#15375	OS	25%	6.60	6.93	7.28
MS-C-001821	CANNULA TWIST-IN 7MMX7CM LONG W/NO-SQUIR CAP ARTHREX# AR-6570	OS	25%	497.95	522.85	548.99
MS-C-001853	CANNULA SUMP 1/4 PERA-CARDIAL S/S TIP MEDTRONIC#12010	OS	25%	210.67	221.20	232.26
MS-C-001957	CATHETERDUALLUMEN5FR8CM#623-0508	OS	25%	404.11	424.32	445.53
MS-C-002009	CATHETER GUIDING ALL SIZES	OS	25%	804.38	844.60	886.83
MS-C-002017	CUTTER FLIP 10.5 MM , ARTHREX # AR-1204AF-105	OS	25%	1,335.17	1,401.93	1,472.02
MS-C-002027	CATHETR GUIDING MP2; 6 FR, CHAPERON; MICRO VENTION # GC695M2	OS	25%	3,351.60	3,519.18	3,695.14
MS-C-003377	CANNULA SINGLE STAGE VENOUS TIP 20FR.MEDTRONIC # 67520	OS	25%	697.68	732.56	769.19
MS-C-003669	CLEANERCAUTERYTIPBLUEFOAMPADKEYSURGICALNO.TC-200	OS	25%	23.94	25.14	26.39
MS-C-003691	COLLARCERVICALHARDSMALLDYNAMICNo.1050S	OS	25%	122.57	128.70	135.13
MS-C-003692	COLLAR CERVICAL HARD LARGE DYNAMIC No. 1050L	OS	25%	102.14	107.25	112.61
MS-C-003809	CAGE CERVICAL ORIO SIZE 5 SPINE CRAFT # C7-100-25	OS	25%	8,527.20	8,953.56	9,401.24
MS-C-003829	COR-KNOT QUICK LOAD SINGLE UNIT PETERS No.030950	OS	25%	863.19	906.35	951.67
MS-C-003906	CATHETER MICRO STRAIGHT HEADWAY 150X11CM, MICRO VENSION #MC172150SX	OS	25%	6,320.16	6,636.17	6,967.98
MS-C-003945	CAGE CERVICAL CORPECTOMY SEGINUS #AT0412	OS	25%	31,190.40	32,749.92	34,387.42
MS-C-003969	CATHETER DIALYSIS DURAMAX DIFF SIZES ANGIODYNAMIC #10302803	OS	25%	2,298.24	2,413.15	2,533.81
MS-D-000095	DILATATION SET URETERAL WITH HYDRO PLUS COATING BOSTON # 240-100	OS	25%	1,083.46	1,137.63	1,194.51
MS-D-000128	DORMIA BASKET 3FR 90CM # EXN434	OS	25%	1,765.63	1,853.91	1,946.61



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-D-000177	DRILL BIT 4.5/2.1MM CANNULATED SYNTHES# 315.69 SMITH & NEPHEW #7207315	OS	25%	1,313.28	1,378.94	1,447.89
MS-D-000207	DURALREPAIRPATCHSIZE80X80REDURA#RDS8	OS	25%	4,979.52	5,228.50	5,489.92
MS-D-000348	DELIVERY & SAMPLING KIT 12MM SIZE 2 DISPOSABLE BEDFONT #NOXKIT-2-12	OS	25%	2,087.57	2,191.95	2,301.55
MS-D-000528	DIAPER INFANT LARGE 8~16 KGS SIZE#4	OS	25%	3.30	3.47	3.64
MS-D-000549	DERMABOND SKIN ADHESIVE PROOPEN XL 0.75ML ETHICON #APPXL6	OS	25%	702.24	737.35	774.22
MS-D-001057	DRAPEOPHTHALMIC120x120CMDOUBLELCPF/CATARACTTIOMEDICAL#EYE	OS	25%	65.12	68.38	71.79
MS-D-001058	DRESSING CLEAR IV CANNULA FIXATION SMALL 4.10x6.50 EASYFIX #TN0106096	OS	25%	3.36	3.53	3.70
MS-D-001059	DRESSING CLEAR IV CANNULA FIXATION MEDIUM 5.50x6.50 EASYFIX #TN00106097	OS	25%	4.12	4.33	4.54
MS-D-001158	DURAL LYOPALNT BIOLOGICAL 6x14MM SYNTHETIC AESCULAP #1067020 B-BRAUN #1067020	OS	25%	3,665.69	3,848.97	4,041.42
MS-E-000138	ECHELON FLEX 60MM RELOADS THICK GREEN ETHICON No.ECR60G	OS	25%	1,225.73	1,287.02	1,351.37
MS-E-000148	ENDO CLOSE TROCAR SITE CLOSER DEVICE COVIDIEN #173022	OS	25%	574.56	603.29	633.45
MS-E-000185	ECHELON FLEX 60MM RELOADS STANDARD/THICK GOLD ETHICON No.ECR60D	OS	25%	1,225.73	1,287.02	1,351.37
MS-E-000507	ECHELON FLEX 60MM POWERED PLUS HANDLE ETHICON #PLEE60A	OS	25%	2,441.88	2,563.97	2,692.17
MS-E-000509	ELECTROSURGICAL PENCIL WITH 2 BUTTONS, VIO, ICC, ACC, ERBE No. 20190-106	OS	25%	84.27	88.48	92.91
MS-E-000525	EXTRACTORMUCUS6FRSTERILEW/BACTERIALBARRIERFILTER RPOLYMED#4008-06	OS	25%	26.81	28.15	29.56
MS-E-000526	EXTRACTOR MUCUS 8FR STERILE W/BACTERIAL BARRIER FILTER POLYMED # 4008-08	OS	25%	26.81	28.15	29.56
MS-E-000527	EXTRACTOR MUCUS 10FR STERILE W/BACTERIAL BARRIER FILTER POLYMED # 4008-10	OS	25%	26.81	28.15	29.56
MS-E-000528	EXTRACTOR MUCUS 12FR W/BACTERIAL BARRIER FILTER STERILE POLYMED #4008-12	OS	25%	26.81	28.15	29.56
MS-E-000529	EXTRACTOR MUCUS 14FR W/BACTERIAL BARRIER FILTER STERILE POLYMED #4008-14	OS	25%	21.07	22.12	23.23
MS-G-000226	GLOVES SURGEON 6.5 STERILE POWDER FREE	OS	25%	3.52	3.70	3.88
MS-G-000227	GLOVES SURGEON 7.0 STERILE POWDER FREE	OS	25%	3.66	3.84	4.04
MS-G-000228	GLOVES SURGEON 7.5 STERILE POWDER FREE	OS	25%	3.56	3.74	3.92
MS-G-000229	GLOVES SURGEON 8.0 STERILE POWDER FREE	OS	25%	3.58	3.76	3.95
MS-G-000230	GLOVES SURGEON 8.5 STERILE POWDER FREE	OS	25%	3.58	3.76	3.95
MS-G-000267	GLOVES NITRILE SMALL POWDER FREE	OS	25%	0.35	0.37	0.39
MS-G-000268	GLOVES NITRILE MEDIUM POWDER FREE	OS	25%	0.23	0.24	0.25
MS-G-000269	GLOVES NITRILE LARGE POWDER FREE	OS	25%	0.38	0.40	0.42
MS-G-000289	GRAFTON PUTTY SUREFUSE DBM 1CC TIKNIMED #SP1	OS	25%	4,021.92	4,223.02	4,434.17
MS-G-000375	GRAFTVASCULAR8MMX60CMPTFECARBOFLO#F6008C	OS	25%	10,698.31	11,233.23	11,794.89



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MS-G-000685	GUIDE WIRE COMMAND ES 0.014Inchx300CM ABBOTT No.2078175	OS	25%	2,101.25	2,206.31	2,316.63
MS-G-000741	GEL LUBRICATING 5GMS STERILE OPTILUBE OPTIMUM No.1120SA	OS	25%	1.52	1.60	1.68
MS-H-000061	HEADBONNETTMIDLINE25-29CMF/BUBBLECPAPF&P#BC306-05	OS	25%	342.82	359.96	377.96
MS-H-000062	HEAD BONNETT MIDLINE 29-36CM F/BUBBLE CPAP F&P #BC309-05	OS	25%	355.08	372.83	391.48
MS-H-000063	HEAD BONNETT MIDLINE 22-25CM F/BUBBLE CPAP F&P #BC303-05	OS	25%	329.41	345.88	363.17
MS-I-000101	IMPLANT CHONDROTISSUE F/CARTILAGE BIOTISSUE #CT20301	OS	25%	31,190.40	32,749.92	34,387.42
MS-I-000191	INFLATION DEVICE KIT 20/30 PRIORITY PACK W/COPILOT ABBOTT No.1003327	OS	25%	1,173.74	1,232.43	1,294.05
MS-I-000225	IMPLANTSYSTEMMPFLW/BIOCOMPOSITEARTHREX#AR-1360C-CP	OS	25%	8,700.48	9,135.50	9,592.28
MS-I-000232	INFLATION DEVICE ENCORE 26~30BAR BOSTON/SCW #710-113/833108	OS	25%	766.08	804.38	844.60
MS-I-000553	ID BAND ADULT GREEN/RED/YELLOW	OS	25%	3.80	3.99	4.19
MS-I-000587	INCISOR TRUCLEAR DEVICE MEDTRONIC # 72202536	OS	25%	4,517.68	4,743.56	4,980.74
MS-I-000588	INCISOR TRUCLEAR PLUS DEVICE MEDTRONIC # 7209509	OS	25%	3,753.79	3,941.48	4,138.55
MS-I-000589	INCISOR TRUCLEA ULTRA PLUS DEVICE MEDTRONIC # 72203012	OS	25%	7,509.50	7,884.98	8,279.22
MS-K-000078	KITMATRIXNEUROSTERILESTANDARD4MMSYN#145.3215	OS	25%	3,798.99	3,988.94	4,188.39
MS-K-000129	KIT STIMULAN 10CC W. PAST BIOCOMPOSITES # 600-010	OS	25%	9,480.24	9,954.25	10,451.96
MS-K-000139	KIT COVERALL WHITE SIZE LARGE TYVEK-3M	OS	25%	110.39	115.91	121.70
MS-K-000254	KIT COVERALL WHITE SIZE XXL TYVEK-3M	OS	25%	107.25	112.61	118.24
MS-L-000171	LIGASURE BLUNT TIP LAPAROSCOPIC SEALER/DIVIDER 5~37CM COVIDIEN #LF1837	OS	25%	3,383.52	3,552.70	3,730.33
MS-L-000593	LOOPVASCULARBLUEMAXIKEYSURGICAL/ASPENNo.VL-206/011012PBX	OS	25%	34.47	36.19	38.00
MS-M-000147	MASK FACE SURGEON BLUE EAR-LOOP 3PLY	OS	25%	3.59	3.77	3.96
MS-M-000159	MASK NEONATAL LARGE F/CPAP DRAGER #8418619	OS	25%	344.74	361.98	380.08
MS-M-000196	MACHINE OXYGEN CONCENTRATOR EVERFLO PHILIPS #1020008-UK	OS	25%	7,967.23	8,365.59	8,783.87
MS-M-000239	MASK PARTICULATE RESPIRATOR & SURGICAL N95 3M # 1860S	OS	25%	10.94	11.49	12.06
MS-M-000249	MASK RESUSCITATION ROUND 50MM DISP# RD805-10	OS	25%	114.91	120.66	126.69
MS-M-000263	MASK NEONATAL SMALL F/CPAP DRAGER #8418491	OS	25%	344.74	361.98	380.08
MS-M-000264	MASK NEONATAL MEDIUM F/CPAP DRAGER #8418490	OS	25%	344.74	361.98	380.08
MS-M-000271	MASK COMFO FACIAL LARGE #10245	OS	25%	651.44	684.01	718.21
MS-M-000272	MASKCOMFOFACIALMEDIUM#10344	OS	25%	784.85	824.09	865.30



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MS-M-000281	MILK SPECIAL CARE LIQUID 24 KCAL/OZ	OS	25%	0.40	0.42	0.44
MS-M-000314	MESH VICRYL KNITTED 26.5x34CM ETHICON #VM95	OS	25%	2,250.36	2,362.88	2,481.02
MS-M-000331	MULTIPLE PERfusion SET W/VENT LINE 15x38CM MEDITRONIC #14001	OS	25%	517.10	542.96	570.10
MS-M-000505	MASKFACENON-VENTEDMEDIUMDRAGER#113531	OS	25%	574.56	603.29	633.45
MS-M-000525	MILK SIMILAC SENSITIVE 1 KCAL LIQUID/2OZ 48/CRT ABBOTT # AB-66063	OS	25%	14.36	15.08	15.83
MS-M-000527	MILK SIMILAC HUMAN FORTIFIED 48/SAC ABBOTT # AB-54598	OS	25%	1.02	1.07	1.12
MS-M-000528	MILK SPECIAL CARE 2.OZ LIQUID 30 KCAL/OZ ABBOTT # AB-59439	OS	25%	0.47	0.49	0.52
MS-M-000542	MULTIFILTRATE KIT MIDI CVVHDF 400 FRESENIUS No.F00003317	OS	25%	1,860.48	1,953.50	2,051.18
MS-M-000593	MULTI-SPAN TI CROSS CONNECTOR SPINECRAFT- USA #IX6-3750	OS	25%	7,373.52	7,742.20	8,129.31
MS-M-000601	MILK FRISOLAC GOLD RFT LIQUID 90ML FRISOLAC No.1780791	OS	25%	5.36	5.63	5.91
MS-M-000611	MASK RESPIRATE KN95 FILTER EFFICIENCY 95% STANDARD SIZE CHANGZHOU JINPENG CHINA #RA4-KN95-20	OS	25%	49.80	52.29	54.90
MS-N-000462	NASAL MASK SMALL F/BUBBLE CPAP F&P #BC800-10	OS	25%	174.28	182.99	192.14
MS-N-000463	NASAL MASK MEDIUM F/BUBBLE CPAP F&P #B801-10	OS	25%	183.86	193.05	202.71
MS-N-000498	NEEDLE SUREFIRE SCORPION #AR-13991N	OS	25%	1,466.50	1,539.83	1,616.82
MS-N-000507	NASALPRONGMEDIUMF/CPAPDRAGER#8418416	OS	25%	344.74	361.98	380.08
MS-N-000508	NASALPRONGLARGEF/CPAPDRAGER#8418531	OS	25%	344.74	361.98	380.08
MS-N-000509	NASAL CPAP SYSTEM BABYFLOW DRAGER #MP03701/8418583	OS	25%	287.28	301.64	316.73
MS-N-000547	NAILANATOMICALFEMORAL10x400MMTITANIUMMICROMED#3.5105.400	OS	25%	8,426.88	8,848.22	9,290.64
MS-N-000792	NASAL PRONG X-LARGE F/CPAP DRAGER #8418417	OS	25%	344.74	361.98	380.08
MS-N-000793	NASAL BONNET CPAP LARGE DISPOSABLE DRAGER #8418536	OS	25%	229.82	241.31	253.38
MS-N-001010	NEEDLESPINALG22x1.5"STERILEDISP	OS	25%	167.58	175.96	184.76
MS-N-001016	NASAL MASK LARGE F/BUBBLE CPAP F&P #BC802-10	OS	25%	183.86	193.05	202.71
MS-N-001383	NASAL CANNULA PEDIATRIC OPTIFLOW F&P #OPT318	OS	25%	438.98	460.93	483.98
MS-N-001385	NEEDLE SPINAL PENCIL POINT 25Gx38MM W/STYLET & INTRODUCER POLYMED #2040-P-25/90	OS	25%	107.20	112.56	118.19
MS-N-001387	NEEDLE SPINAL PENCIL POINT 27Gx38MM W/STYLET & INTRODUCER POLYMED #2040-P-27/90	OS	25%	114.91	120.66	126.69
MS-N-001391	NASAL CANNULA PREMATURE OPTIFLOW F&P #OPT312	OS	25%	727.78	764.17	802.38
MS-N-001393	NASAL CANNULA INFANT OPTIFLOW F&P #OPT316	OS	25%	727.78	764.17	802.38
MS-N-001429	NEEDLE COUNTER 60 COUNT DUAL MAGNETIC KEY SURGICAL NO. NC-60-121B	OS	25%	32.56	34.19	35.90
MS-O-000121	OIL BABY 200ML JOHNSON	OS	25%	67.51	70.89	74.43
MS-O-000127	OXYGENATOR FUSION COMBO W/BALANCE COA MEDTRONIC #BB641	OS	25%	2,872.80	3,016.44	3,167.26



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MS-P-001515	PIN BIORESORBABLE F/IMPLANT CHONDROTISSUE (SMARTNAIL) CONMED #531516	OS	25%	2,489.76	2,614.25	2,744.96
MS-P-001865	PLATE CERVICAL 32MM #ACH-00	OS	25%	7,373.52	7,742.20	8,129.31
MS-P-002505	PUSH LOCK 4.5x24MM ARTHREX #AR-1922PS	OS	25%	2,884.29	3,028.50	3,179.93
MS-P-002602	PUSH LOCK 4.5x28MM ARTHREX #AR-1922PSM	OS	25%	2,840.24	2,982.25	3,131.36
MS-P-003300	PLATESTRAIGHT1.6MM4HOLESSYSTEMMATMICROMED#01-11-000-04	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-003672	PLATEMINILOCKING2.0MM4HOLESIMPLANTCAST#602099061	OS	25%	4,788.00	5,027.40	5,278.77
MS-P-003685	PLATE DISTAL FEMOUR 5.0MM 6-HOLES CHM # 3.4023.606	OS	25%	7,373.52	7,742.20	8,129.31
MS-P-003787	PLATECRANIALSTRAIGHT2.0MM4HOLESIMPLANTCAST#01-12-200-04	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-003789	PLATEMINILRIGHT4HOLESSHORTSTEMIMPLANTCAST#01-12-037-02	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-003810	PULSEOXIMETERCRITICALCAREW/ACCESSORIESCARE504DX	OS	25%	7,368.73	7,737.17	8,124.02
MS-P-003817	PIN TO ROD COUPLING 8MM IMPLANTCAST # 201101-0856	OS	25%	1,203.84	1,264.03	1,327.23
MS-P-003828	PLATENARROW8HOLESCHM#3.3157.508	OS	25%	4,213.44	4,424.11	4,645.32
MS-P-003887	PLATECLAVICAL8HOLESCHM3.7048.508	OS	25%	5,985.00	6,284.25	6,598.46
MS-P-003907	PLATECLAVICALMIDSHAFTLOCKINGNo.E2A.35220OSTEONICNo.E2A35220	OS	25%	6,224.40	6,535.62	6,862.40
MS-P-003920	PLATEMINISTRaight4HOLESSHORTMATRYXNo.01-12-002-04	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-003927	PLATE RECONSTRUCTION 6-HOLES CHM No. 3.4022.806	OS	25%	4,213.44	4,424.11	4,645.32
MS-P-003929	POWDER TALCUM 400GMS PONDS DREAM FLOWER	OS	25%	44.05	46.25	48.57
MS-P-003941	PATCH DURAL REDURA 40X60MM, MEDPRIN No. RDS-4	OS	25%	3,447.36	3,619.73	3,800.71
MS-P-004007	PLATEPROXIMALHUMERUS3HOLESCHMNo.3.4043.503	OS	25%	6,511.68	6,837.26	7,179.13
MS-P-004012	PLATEMINISTRaight4HOLES2.0SYSTEMMATRYXNo.01-12-000-04	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-004013	PLATEMINILLEFT4.0HOLESLONGMATRYXNo.01-12-036-01	OS	25%	3,830.40	4,021.92	4,223.02
MS-P-004017	PLATE DISTAL FIBULA 5 HOLES CHM No. 3.7029.605	OS	25%	6,320.16	6,636.17	6,967.98



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MS-P-004065	PLATE T PROXIMAL TIBIA MEDIAL 6 HOLES RIGHT CHM No. 3.7092.606	OS	25%	6,320.16	6,636.17	6,967.98
MS-P-004106	PLATE MINI LOCKING 8 HOLE/BAIDI CHM No. 602123081	OS	25%	4,213.44	4,424.11	4,645.32
MS-P-004552	PLATECLCANEALLEFT,CHM3.4057.000	OS	25%	5,266.80	5,530.14	5,806.65
MS-P-004620	PLATE PROXIMAL TIBIAL 3 HOLE , CHM #3.4009.603	OS	25%	5,745.60	6,032.88	6,334.52
MS-P-004657	PLATE RECONSTRUCTION MANDABLE 14 HOLE MAT GERMANY #01-13-000-14	OS	25%	3,830.40	4,021.92	4,223.02
MS-R-000454	RESUS KIT SINGLE USE W/OUT MASK 50MM FISHER & PAYKEL #900RD0-10	OS	25%	93.84	98.53	103.46
MS-R-000455	ROD TITANIUM 6X600MM STRAIGHT SPINE CRAFT # 6000-600	OS	25%	1,203.84	1,264.03	1,327.23
MS-R-000534	ROPE TIGHT 11MM ABS W/BUTTON ROUND CONCAVE ARTHREX # AR-1588TB-3	OS	25%	1,751.04	1,838.59	1,930.52
MS-R-000772	ROD TO ROD COUPLING 8x8MM IMPLANTCAST No.201102-0808	OS	25%	1,203.84	1,264.03	1,327.23
MS-R-000773	ROD FIBER CARBON 5MM IMPLANTCAST # CF05-150	OS	25%	1,083.46	1,137.63	1,194.51
MS-S-000065	SHEAR CURVED LAPARASCOPIC 5~5.5MM ETHICON #LCSC5/ACE36E/HARH36	OS	25%	3,972.89	4,171.53	4,380.11
MS-S-000087	STAPLER CIRCULAR 33MM HEMORRHOIDS ETHICON #PPH03	OS	25%	3,466.26	3,639.57	3,821.55
MS-S-000293	SHROUD KIT ADULT W/ZIPPER DISPOSABLE	OS	25%	183.86	193.05	202.71
MS-S-000932	SCREW LOCKING 3.5X16MM IRINE# T50093516	OS	25%	339.42	356.39	374.21
MS-S-000933	SCREW LOCKING 3.5X18MM IRINE# T50093518	OS	25%	334.12	350.83	368.37
MS-S-000936	SCREW LOCKING 3.5X22MM IRINE# T50093522	OS	25%	336.76	353.60	371.28
MS-S-000937	SCREW LOCKING 3.5X24MM IRINE# T50093524	OS	25%	334.89	351.63	369.22
MS-S-001066	STAPLER SECURE STRAP 5MM ETHICON/COVIDIEN #STRAP25/ABSTACK30/0113116	OS	25%	3,638.88	3,820.82	4,011.87
MS-S-001171	SCREWCORTICAL2.7x14MMSELTAPPINGTITANIUMIRENE#T50002714	OS	25%	95.30	100.07	105.07
MS-S-001586	SCREWCORTICALS/STEEL4.5X42MMIRINE#S50004542	OS	25%	63.55	66.73	70.06
MS-S-001589	SCREWCORTICALS/STEEL4.5X48MMIRINE#S50004548	OS	25%	50.83	53.37	56.04
MS-S-001647	SCREW CANCELLOUS PARTIALLY THREADED 6.5X65MM CANNULATED S/STEEL IRINE #S52006565	OS	25%	126.40	132.72	139.36
MS-S-001788	SYRINGE ARTERIAL HEPARINIZED BLOOD GAS SAMPLER SELF FILLING	OS	25%	19.15	20.11	21.11
MS-S-001937	SOLUTION SCRUB STAT 4% CHLOROHEXIDINE & 4% ALCOHOL BTL/1LTR NAPH SEPT	OS	25%	0.03	0.03	0.03
MS-S-002082	SUTURE ATM PGA 6/0 VIOLET 45CM SPATULA MEDIPAC #9688SP	OS	25%	137.89	144.78	152.02
MS-S-002229	SUTURE LASSO SD 45 CURVE #AR-4068-45R	OS	25%	1,730.19	1,816.70	1,907.53
MS-S-002495	SAW/BLADERAPIDACTION35/20/0.5/0.8MM#GC211R	OS	25%	697.13	731.99	768.59



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MS-S-002594	SCREW DISTAL 5.0x50MM TITANIUM MICROMED #3.5159.050	OS	25%	1,641.60	1,723.68	1,809.86
MS-S-002709	SENSORSPO2NEONATAL3-40KG COVIDIEN#CV-MAX-N-I/OXI-PRO-DN(E)	OS	25%	107.25	112.61	118.24
MS-S-002809	SCREW INTERFERENCE 7 X 25MM BIOABSORBABLE #C8011 / OR EQUIVALENT SMITH & NEPHEW #72201772	OS	25%	1,641.60	1,723.68	1,809.86
MS-S-003397	SUTURE LONG ECHELON FLEX 60MM ETHICON #LONG60A	OS	25%	2,441.88	2,563.97	2,692.17
MS-S-003831	SUTURE ENDO GIA 60MM ARTICULATING RELOAD EXTRA THICK COVIDIEN #EGIA60AXT	OS	25%	1,860.48	1,953.50	2,051.18
MS-S-003942	SCREW POLYAXIAL SPINE CRAP FUSA 40*5.5#PF6-5540	OS	25%	2,872.80	3,016.44	3,167.26
MS-S-003945	SCREW NUT SPINE CRAFT #SS6-MPH95-T30	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-004450	SCREW ROUND DELTA TAPER ED INTERFERENCE 10x28MMARTH REX#AR-5028P-10	OS	25%	2,052.00	2,154.60	2,262.33
MS-S-004451	SCREW ROUND DELTA TAPER ED INTERFERENCE 9x28MMARTH REX#AR-5028P-9	OS	25%	2,035.58	2,137.36	2,244.23
MS-S-004588	SCREW REDUCTION 6.25x40MM SPINE CRAFT No. PR6-6240-F	OS	25%	3,064.32	3,217.54	3,378.41
MS-S-004610	SUTURE ANCHOR 5.5x14.7MM CORK SCREWARTHREX#AR-1927BCF	OS	25%	2,221.63	2,332.71	2,449.35
MS-S-004621	SCREW CERVICAL 14"#FS14014	OS	25%	1,203.84	1,264.03	1,327.23
MS-S-004623	SURECHIP 15CC #BC15	OS	25%	3,351.60	3,519.18	3,695.14
MS-S-004762	STRIP BLOOD GLUCOSE TEST ACCU-CHEK PERFORMA	OS	25%	6.74	7.08	7.43
MS-S-004810	STENT DRUG ELUTING CRONARY XIENCE EXPEDITION ABBOTT	OS	25%	6,990.48	7,340.00	7,707.00
MS-S-005106	SUTURE MERSILK 5/0 W/ NEEDLE 75CM BB ,3/8 CIRLE TAPER POINT ETHICON # W581	OS	25%	45.33	47.60	49.98
MS-S-005143	SHEAR FOCUS 9CM HARMONIC ETHICON No. HAR9F	OS	25%	4,979.52	5,228.50	5,489.92
MS-S-005240	SCREW DISTAL 5.0x40MM MICROMED #3.5159.040	OS	25%	1,641.60	1,723.68	1,809.86
MS-S-005250	SET TERUFUSION ADMINISTRATION F/ INFUSION PUMP TEURUMO #PU400WY21/PU300WY	OS	25%	36.48	38.30	40.22
MS-S-005259	SENSOREZ FLOW DIS PADULT W/ SPUTUBING F/ EVENT VENTILATOR#F910203PKG	OS	25%	722.30	758.42	796.34
MS-S-005321	SPONGE SURGICAL SCRUB POVIDONE IODINE 7.5% 20 ML NEX MEDICAL # EN12791	OS	25%	33.57	35.25	37.01
MS-S-005442	SUTURE ANCHOR 3.0MMX14.5MM BIOCOMPOSITE W/2 FIBERWIRE ARTHREX# AR-1934BCF	OS	25%	2,333.86	2,450.55	2,573.08
MS-S-005519	SUTURE LASSO SD WIRE LOOP ARTHREX #AR-4068-05SD	OS	25%	643.51	675.69	709.47
MS-S-005534	SUTURE PDS II 3-0 VIOLET 70CM W/ NEEDLE ETHICON #W9116H	OS	25%	68.95	72.40	76.02
MS-S-005538	SCREW INTERFERENCE BIO-COMPOSITE 7X28MM FULL THREAD ARTHREX#AR-5028P-07	OS	25%	2,068.42	2,171.84	2,280.43



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MS-S-005656	SUTUREANCHOR4.75MMX19.1MMVENTEDSWIVELOCKKARTHREX#AR-2324PSLC	OS	25%	3,064.32	3,217.54	3,378.41
MS-S-005678	SCREWINTERFERENCE8.0x28MMPEEKW/DISPOSABLESHEATHARTHREX#AR-5028P-08	OS	25%	1,846.80	1,939.14	2,036.10
MS-S-005871	SUCTION CLOSED PRO SYSTEM 20/CA SIZE 12 # Z110-12	OS	25%	172.37	180.99	190.04
MS-S-005878	SCREW SHANZ 5.0MMX150MM # SS20501545	OS	25%	820.80	861.84	904.93
MS-S-005887	SUTURE ANCHOR 2.4x11MM PEEK PUSH LOCK ARTHREX #AR-2922PS	OS	25%	2,123.27	2,229.43	2,340.91
MS-S-008301	SCREWCARNIAL2.0MM1.6x5.0MMMICROMED#01-11-510-05	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-008424	SCREWMINICROSSDRIVE2.0x5MMTITANIUMIMPLANTCAST#01-12-510-05	OS	25%	1,313.28	1,378.94	1,447.89
MS-S-008425	SCREWMINICROSSDRIVE2.0x7MMTITANIUMIMPLANTCAST#01-12-510-07	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-008429	SCREW CORTICAL 2.0x14MM FULLY THREADED IMPLANTCAST #803019143	OS	25%	153.22	160.88	168.93
MS-S-008474	SCREW LOCKING 5.0x36MM CHM No.3.5210.036	OS	25%	722.30	758.42	796.34
MS-S-008478	SENSOR SPO2 PEDIATRIC 10-50KG COVIDIEN #MAX-PI/OXI-PRO-DP(E)	OS	25%	107.25	112.61	118.24
MS-S-008497	SCREWCROSSDRIVE1.6x7MMMICROMED#01-11-510-07	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-008500	SCREW COMPRESSION 3.5 X 14MM CHM # 3.1306.014	OS	25%	153.22	160.88	168.93
MS-S-008546	SCREW LOCKING 3.5 X 14MM CHM # 3.5200.014	OS	25%	632.02	663.62	696.80
MS-S-008547	SCREWLOCKING3.5x16MMCHMNo.3.5200.016	OS	25%	804.38	844.60	886.83
MS-S-008658	SUTUREVICRYLPLUS2-0VIOLET70CMETHICON#VCP664H	OS	25%	88.64	93.07	97.73
MS-S-008707	SCREW CANNULATED, PARTIALY THREADED,3.75MMX36 ARTHREX # AR-7000-36	OS	25%	3,012.61	3,163.24	3,321.40
MS-S-008721	SUTURE WHITE / BLACK TIGER LINK 2/5 METRIC 26 Inch BRAIDED LOOP ON ONE END. ARTHREX No. AR-7235T	OS	25%	1,048.16	1,100.57	1,155.60
MS-S-008722	SUTURE ANCHOR PEEK PUSHLOCK 2.9x15.5MM ARTHREX No.AR-1923PS	OS	25%	2,797.42	2,937.29	3,084.16
MS-S-008732	SPONGE SPEARS PVA NETWORK #37-405	OS	25%	4.65	4.88	5.13
MS-S-008759	SCREWEmergency1.9x5MMIMPLANTCAST#01-11-512-05	OS	25%	1,313.28	1,378.94	1,447.89
MS-S-008855	SCREW LOCKING 5.0X32MM CHM # 3.5210.032	OS	25%	722.30	758.42	796.34
MS-S-008857	SCREW COMPERSSION 4.5X28MM CHM # 3.1471.028	OS	25%	210.67	221.20	232.26
MS-S-008859	SCREWLOCKING3.5X30MMCHM#3.5200.030	OS	25%	632.02	663.62	696.80
MS-S-008860	SCREWLOCKING3.5x26MMCHMNo.3.5200.026	OS	25%	804.38	844.60	886.83
MS-S-008863	SCREWCOMPERSION3.5x30MMCHMNo.3.1306.030	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-008885	SEALER OPEN CURVED LARGE JAW MEDTRONIC # LF4418	OS	25%	7,967.23	8,365.59	8,783.87



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-S-009023	SCREWLOCKING3.5x16MMOSTEONICNo.S1B.35160	OS	25%	722.30	758.42	796.34
MS-S-009065	SEALER TISSUE BIPOAR 12MM-12CM DIVIDER BIZACT MEDTRONIC No.BZ4212	OS	25%	2,188.80	2,298.24	2,413.15
MS-S-009105	SUTURE ANCHOR,PEEK CORK SCREW 4.5 X 14MM ARTHREX No. AR-1927PSF-45	OS	25%	2,420.81	2,541.85	2,668.94
MS-S-009158	SCREWCOMPRESSION3.5x20MMCHMNo.3.1306.020	OS	25%	116.74	122.58	128.71
MS-S-009187	SCREWLOCKING3.5x34MMCHMNo.3.5200.034	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-009220	SCREW COMPRESSION 5.0x40MM CHM No.3.1443.040	OS	25%	210.67	221.20	232.26
MS-S-009221	SCREW COMPERSION 5.0x36MM CHM No.3.1443.036	OS	25%	210.67	221.20	232.26
MS-S-009456	SUTURE STRATAFIX SYMMETRIC SIZE 0 USP22C ETHICON No. SXPP1A446	OS	25%	595.63	625.41	656.68
MS-S-009469	STERILE ORAL WATER FOR FEEDING 90ML GLASS BOTTLE PSI No. RB197	OS	25%	27.10	28.46	29.88
MS-S-009470	SCREWLOCKING3.5x38MMCHMNo.3.5200.38	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-009471	SCREWLOCKING3.5x50MMCHMNo.3.5200.50	OS	25%	890.57	935.10	981.85
MS-S-009478	SCREW LOCKING 5.0X40MM, CHM No. 3.5210.040	OS	25%	722.30	758.42	796.34
MS-S-009487	SCREWLOCKING3.5x18MMCHMNo.3.5200.018	OS	25%	890.57	935.10	981.85
MS-S-009488	SCREWLOCKING3.5X20MMCHMNo.3.5200.020	OS	25%	632.02	663.62	696.80
MS-S-009489	SCREWLOCKING3.5X22MMCHMNo.3.5200.022	OS	25%	632.02	663.62	696.80
MS-S-009690	SCREW CANCELLOUS 4.5X34MM CHM No. 3.1455.034	OS	25%	1,149.12	1,206.58	1,266.90
MS-S-009775	SCREW LOCKING 2.0MM X 10MM/BAIDE CHM No. 713014103	OS	25%	632.02	663.62	696.80
MS-S-009776	SCREW LOCKING 2.0MM X 12MM BAIDE CHM No. 713014123	OS	25%	632.02	663.62	696.80
MS-S-009788	SCREW SHANZ 5x32x180MM IMPLANTCAST No.SS20501850	OS	25%	902.88	948.02	995.43
MS-S-010398	SCREW DL POLY SELF-TAPPING SPINE CRAFT # DPF6-4730	OS	25%	3,351.60	3,519.18	3,695.14
MS-S-010482	SCREW CERVICAL FIXED ANGLED 4MM SPINECRAFT #FS14016	OS	25%	601.92	632.02	663.62
MS-S-010516	SUCTION PRO-72 CLOSED VENTILATION 14FR W/CONNECTOR 570MM PORTEX #Z110-14	OS	25%	172.37	180.99	190.04
MS-S-010538	SYRINGE PRO-VENT PLUS ABG 1CC 23G W/DRY LITHIUM HEPARIN PORTEX #4628PE	OS	25%	33.32	34.99	36.74
MS-S-010594	SCREW HEXA 2.3X18MM MAT GERMANY #01-13-500-08	OS	25%	1,313.28	1,378.94	1,447.89
MS-S-010595	SCREW HEXA 2.3X10MM MAT GERMANY #01-13-500-10	OS	25%	1,313.28	1,378.94	1,447.89
MS-T-000707	TROCAR BLADELESS 10~15MM W/FIXATION CANNULA COVIDIEN/ETHICON #NB15STF/B15LT	OS	25%	689.47	723.94	760.14
MS-T-000749	TRANSTIBIALDELIVERYSYSTEMACL#AR-1898S	OS	25%	974.02	1,022.72	1,073.86
MS-T-000789	TROCAR ENDO VERSAPORT OPTICAL/VISUAL STD 5MM COVIDIEN#ONB5STF	OS	25%	746.93	784.28	823.49



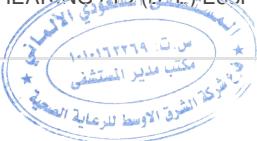
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
MS-T-000798	TORPEDO4.0MMX13CM#AR-8400TD	OS	25%	1,136.86	1,193.70	1,253.39
MS-T-000943	TAPE FIBER 2MM X 76CM BRAIDED POLYBEND BLUE ARTHREX # AR-7237-7	OS	25%	1,332.32	1,398.94	1,468.88
MS-T-001357	TROCAR OPTICAL VERSA-ONE 12MM STANDARD COVIDIEN #ONB12STF	OS	25%	866.60	909.93	955.43
MS-T-001358	TUBING CUSTOM PACK ADULT MEDTRONIC #M960216D	OS	25%	2,872.80	3,016.44	3,167.26
MS-T-001359	TRANSTIBIALDELIVERYSYSTEMACLARTHREX#AR-1897S	OS	25%	1,991.81	2,091.40	2,195.97
MS-T-001383	TERUFUSION ADMINISTRATION SET F/INFUSION PUMP TERUMO #PM370WY	OS	25%	145.56	152.84	160.48
MS-T-001384	TUBE RESERVOIR 250ML AMBU #288000510	OS	25%	191.52	201.10	211.15
MS-T-001411	TUBE SET INFLOW HYSTER MEDTRONIC # 7209822	OS	25%	1,287.34	1,351.71	1,419.29
MS-T-001558	TAPESUTURE1.3MMWHITE/BLUEWITHNEEDLEARTHREXNo.AR-7500	OS	25%	1,641.60	1,723.68	1,809.86
MS-T-001617	TRACHIEOPLASTYKIT2.9MMBURRANSLEEVEARTHREXNo.AR-300-B301S	OS	25%	3,830.40	4,021.92	4,223.02
MS-T-001672	TROCAR TIP PASSING PIN 2.4MMX11"SINGLE USE STERILE SMITH & NEPHEW #14395	OS	25%	1,685.38	1,769.65	1,858.13
MS-U-000040	URETROSCOPE FLEXIBLE PLASTIC 650MM DISPOSABLE PUSEN MEDICAL No.PU3022A	OS	25%	5,745.60	6,032.88	6,334.52
MS-U-000101	URINALMALEBULBOUS875MLW/COVERDISPOSABLE#MSSUP878	OS	25%	19.07	20.02	21.02
MS-V-000050	VENTSTAR HEATED NEONATAL DRAGER #MP00308	OS	25%	708.62	744.05	781.25
MS-V-000103	VALVE MITRAL MOSAIC 29MM # 310C29	OS	25%	22,145.18	23,252.44	24,415.06
MS-V-000113	VALVE MITRAL ATS STANDARD 29MM MEDTRONIC #500DM29	OS	25%	8,780.10	9,219.11	9,680.06
MS-V-000154	VENTSTAR OXYLOG 2000 180 DRAGER # 2M86841	OS	25%	654.27	686.98	721.33
MS-W-000184	WIRE KIRSCHNER 2.0X200/230/250MM IRINE #E06030	OS	25%	63.51	66.69	70.02
MS-W-000186	WIREKIRSCHNER2.0X300MMIRINE#E06032	OS	25%	63.51	66.69	70.02
MS-W-000203	WIRE KIRSCHNER WITH TROCAR POINT 1.8X290MM TIPMED #80268	OS	25%	63.51	66.69	70.02
MS-W-000237	WIRE FIBER #2, BRAIDED POLYBLEND #AR-7200-PC	OS	25%	379.21	398.17	418.08
MS-W-000356	WIREFIBER#2,BRAIDEDPOLYBLEND#AR-7201-PC	OS	25%	497.95	522.85	548.99
MS-W-000393	WIRE-KWITHTROCAR2.0L250NK#0020-25	OS	25%	191.52	201.10	211.15
MS-W-000424	WIRE KIRSCNER 1.2x250MM IRENE No.Z03K12250	OS	25%	63.55	66.73	70.06
MS-W-000484	WIRESUTURE#2STIFFENEDARTHREX#AR-7209T	OS	25%	722.30	758.42	796.34
MS-W-000502	WIRE GUIDE TRAXCESS SIZE 0.014" / 200 CM MICRO VENTION # GW1420040	OS	25%	3,734.64	3,921.37	4,117.44
MS-W-000503	WIRE GUIDE TRAXCESS SIZE 0.014" / 200CM , MICRO VENTION # GW1420040X	OS	25%	3,734.64	3,921.37	4,117.44



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MS-W-000509	WIRE GUIDE ZEBRA 0.025x150CM BOSTON #670-108	OS	25%	809.07	849.52	892.00
MS-W-000514	WIREFIBER2BRAIDED38"POLYBLENDARTHREX#AR-7203	OS	25%	389.10	408.56	428.98
MS-W-000632	WIPES WET F/BABY ALCOHOL FREE PKT/50 SAUDIA	OS	25%	58.15	61.06	64.11
MS-W-000661	WATER DISTILLED 1LTR F/HUMIDIFIER SPI	OS	25%	22.98	24.13	25.34
MS01021SFD AA0036	OPPO 4030 KNEE IMMOBLIZ	OS	25%	91.20	95.76	100.55
NENR011269	SHEREEN FATHI	OS	25%	79.96	83.96	88.16
P-3-N-030717-1	FRISOLAC GOLD HYDROPRO PLUS 400GM.	OS	25%	80.00	84.00	88.20
P-3-N-07817-12	FRISOLAC GOLD CAROBEN 400 GM POWDER	OS	25%	39.00	40.95	43.00
P-3-N-090715-9	BLEMIL PLUS 1 (INFANT MILK) 400 GM	OS	25%	31.00	32.55	34.18
P-3-N-110715-9	BLEMIL PLUS 2 FOLLOW ON FORMULA 800MG	OS	25%	31.00	32.55	34.18
P-3-N-190116-6	FRISOLAC GOLD 1 X 400GM	OS	25%	29.00	30.45	31.97
P02METEN2T	METENIX 5MG TABLET X 50 (METOLAZONE)	OS	25%	166.25	174.56	183.29
P09AMIN10I	AMINOVEN INFANT 10% 250 ML / BTL	OS	25%	95.00	99.75	104.74
P09BLEMI11W	BLEMIL PLUS HR1 400 GM	OS	25%	41.00	43.05	45.20
P09ELECA2W	ELECARE INFANT 400GM	OS	25%	126.00	132.30	138.92
P09FRISO1W	FRISOLAC GOLD HYDROPRO PLUS 400GM	OS	25%	80.00	84.00	88.20
P09FRISO4W	FRISOLAC GOLD CAROBEN 400 GM POWDER.	OS	25%	39.00	40.95	43.00
P09FRISO6W	FRISOLAC GOLD 1 X 400GM.	OS	25%	29.00	30.45	31.97
P09INFAT1W	INFATRINI POWDERED MILK 400GM	OS	25%	54.15	56.86	59.70
P09KAPIG1Q	KABI GLUTAMINE SACHET X 20	OS	25%	10.00	10.50	11.03
P09NEOCA2W	NEOCATE INFANT POWDER 400GM	OS	25%	255.00	267.75	281.14
P09NURA18W	NURALAC PLUS SUREGROW 400G	OS	25%	38.00	39.90	41.90
P09NURAL1W	NURALAC 1 INFANT FORMULA MILK POWDER 400GM X 1	OS	25%	29.00	30.45	31.97
P09NURAL6Q	NURALAC SURE GROW LIQUID MILK 250 ML X6	OS	25%	5.00	5.25	5.51
P09NURAL6W	NURALAC3GROWINGUPFORMULAMILKPOWDER400GMX1	OS	25%	29.00	30.45	31.97
P09NUTRI1W	NUTRINIDRINKPOWDER400GM	OS	25%	42.00	44.10	46.31
P09PRIMA2W	PRIMALAC PREMIUM WH1 400GM	OS	25%	49.00	51.45	54.02
P09PRIMA3W	PRIMALAC PREMIUM WH2 400GM	OS	25%	49.00	51.45	54.02
P09PRIMA4W	PRIMALAC 2 400GM	OS	25%	29.00	30.45	31.97
P09PRIMA6W	PRIMALAC PREMIUM AR1 400GM	OS	25%	46.00	48.30	50.72
P09PRIMA7W	PRIMALAC PREMIUM AR2 400GM	OS	25%	46.00	48.30	50.72
P09PRIMA8W	PRIMALAC PREMIUM LF 400GM	OS	25%	45.00	47.25	49.61
P09RENAS1W	RENASTART400MILKPOWDER	OS	25%	265.00	278.25	292.16



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P09RONAL1W	RONALAC 1 WITH NUCLEOTIDES MILK POWDER 400G	OS	25%	29.00	30.45	31.97
P09RONAL2W	RONALAC 2 WITH PREBIOTICS MILK POWDER 400GM	OS	25%	29.00	30.45	31.97
P09RONAL3W	RONALAC LF WITH NUCLEOTIDES AND IRON MILK 400GM	OS	25%	38.00	39.90	41.90
P09RONAL4W	RONALAC PREMATURE POWDER	OS	25%	39.00	40.95	43.00
P09SANOV2Y	SANOVIT IRON 320ML	OS	25%	25.22	26.48	27.81
P09SIMIL2W	SIMILAC GOLD 1 POWDER 400 GM	OS	25%	31.00	32.55	34.18
P09SODIU3J	SODIUM BICARBONATE 8.4Percent 50ML (B. BRAUN)	OS	25%	5.47	5.74	6.03
P09TEMOD1C	TEMODAL 100MG CAPSULES X 5	OS	25%	2,375.00	2,493.75	2,618.44
P12SUPLA2J	SUPLASYN 1 SHOT	OS	25%	2,185.00	2,294.25	2,408.96
P13CLARY1C	CLARIYA SOLAR	OS	25%	141.55	148.63	156.06
P13VAGIN1G	VAGINAL HYAL GEL WITH APPLICATOR 30GM	OS	25%	133.00	139.65	146.63
P15ACCU10+	ACCU-CHEK PERFORMA KIT	OS	25%	263.21	276.37	290.19
P15ACCU11+	ACCU-CHEK PERFORMA GLUCOSE TEST STRIP X 50.	OS	25%	2.04	2.14	2.25
P15ACCU12+	ACCU-CHEK PERFORMA LANCET X 204	OS	25%	0.55	0.58	0.61
P15ACCU16+	ACCU-CHEK SOFTCLIX LANCET X 200	OS	25%	0.56	0.59	0.62
P15ACCUC15+	ACCU-CHECK INSTANT STRIP X 50.	OS	25%	2.19	2.30	2.41
P15ACCUC16+	ACCU-CHECK INSTANT KIT	OS	25%	273.60	287.28	301.64
P15ACCUC9+	ACCU-CHECK SOFTCLIX LANCETS X 200.	OS	25%	0.55	0.58	0.61
P15COLOS1+	COLOSTOMY BAGS ADULT	OS	25%	848.16	890.57	935.10
P15CONTO2+	CONTOUR TEST METER X 1	OS	25%	228.00	239.40	251.37
P15HYGRO1+	BLOOD PRESSURE MONITORING KIT (PIC)	OS	25%	273.60	287.28	301.64
P15INSUP1+	INSUPEN 33 G X 4MM X 100 PCS	OS	25%	1.05	1.10	1.16
P15NEBUL4+	NEBULIZER PIC AIR CUBE	OS	25%	273.60	287.28	301.64
P15NEWGE3+	NEWGEL SILICONE GEL 15GM	OS	25%	191.52	201.10	211.15
P15ONE-T1+	ONE TOUCH II GLUCOMETER.	OS	25%	280.14	294.15	308.85
P15THERMO1+	THERMOMETER PIC VERDO FAMILY	OS	25%	27.36	28.73	30.16
P16ADJ-A1+	ADJUSTABLEPOUCHARMSLINGADULTFUTURO(46204EN)	OS	25%	54.72	57.46	60.33
P16ADJ-C1+	ADJUSTABLE SOFT CERVICAL COLLAR FUTURO (09027EN)	OS	25%	95.30	100.07	105.07
P16CHEST1+	CHEST BINDER	OS	25%	136.80	143.64	150.82
P16DELUX6+	DELUXE WRIST, RIGHT HAND, (L/XL) FUTURO (09137ENT)	OS	25%	136.80	143.64	150.82
P16HEARA1+	HEARING AID (BTE) E38P	OS	25%	4,617.00	4,847.85	5,090.24



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
P16HEARA4+	HEARING AID REXTON ## 4	OS	25%	3,440.19	3,612.20	3,792.81
P16OPP1490	OPPO 4190 CERVICAL COLLAR	OS	25%	48.45	50.87	53.42
P16OPPO10+	OPPO 2166 SPINAL BRACE	OS	25%	258.40	271.32	284.89
P16OPPOS3+	OPPO 1082 WRIST SPLINT	OS	25%	54.72	57.46	60.33
P16OPPS18	OPPO2840 COMPRESSION STOCKING ELASTIC ABOVE KNEE	OS	25%	142.50	149.63	157.11
P16OPPS19+	OPPO KNEE HIGH COMPRESSION STOCKING 2802	OS	25%	91.20	95.76	100.55
P16SPORT4+	SPORT DELUXE ANKLE STABILIZER, ADJUSTABLE FUTURO (46645EN)	OS	25%	36.48	38.30	40.22
P18AMITR1T	AMITRIPTYLINE 10 MG TAB X 28 (TRYPTIZOL)	OS	25%	71.25	74.81	78.55
P18MIDAZ5J	MIDAZOLAM 100MG/50ML VIAL 50ML X 1	OS	25%	71.25	74.81	78.55
P18PHENO1Y	PHENOBARBITAL 15MG/100ML ORAL SOLN	OS	25%	191.52	201.10	211.15
P18PHENO3J	PHENOBARBITAL 60MG/1ML AMP X 1	OS	25%	22.74	23.88	25.07
PP09CASOD1T	CASODEX 50MG X 28 TABLETS	OS	25%	1,045.00	1,097.25	1,152.11
PP15CONTO1+	CONTOUR TEST STRIPS 50/PKT	OS	25%	1.82	1.91	2.01
SUR-1031	EXCISEN OF MULTIPLE LIPOMA OR NEUROMA	OS	25%	1,785.24	1,874.50	1,968.23
URO-0073	URETEROSCOPYURS	OS	25%	3,600.00	3,780.00	3,969.00
XR-B-000026	BALLOON DRUG ELUTING 2MMX15CM AR BALTIMEDICAL# N-ELUTAX3-15200	OS	25%	11,935.53	12,532.31	13,158.92
XR-B-000027	BALLOON DRUG ELUTING NEURO3 4MMX15CM AR BALTIMEDICAL# N-ELUTAX3-15400	OS	25%	11,935.53	12,532.31	13,158.92
XR-C-000037	CONNECTOR W/HIGH PRESSURE BRAIDED LINE 50CM PEROUSE No.163NA/HPC200E	OS	25%	42.68	44.81	47.05
XR-C-000071	CATHETER ANGIOGRAPHIC 5FRx65CM PIGTAIL BOSTON/CORDIS No.M001315131/451-503V5	OS	25%	164.16	172.37	180.99
XR-C-000082	CATALYST AXS 5 STRYKER #M003IC058115A0	OS	25%	12,996.00	13,645.80	14,328.09
XR-C-000124	CATHETER BALLOON PTA ARMADA 0.014 2.0x120MMx150CM ABBOTT No.A2020-120	OS	25%	1,269.50	1,332.98	1,399.62
XR-C-000129	CATHETER DRAINAGE SET DIRECT ACCESS 8FR BIOTEQ #BT-PD1-06XX-WCL	OS	25%	322.85	338.99	355.94
XR-C-000149	CATHETER BERENSTEIN SOFT-VU 5FR / 1.8MM X 100CM ANGIODYNAMICS #H787107221015	OS	25%	437.76	459.65	482.63
XR-C-000157	CATHETER AXSCATALYST6-060X132CM STRYKER #M0031C060132A0	OS	25%	12,996.00	13,645.80	14,328.09
XR-G-000030	GUIDE WIRE SUPER STIFF 0.035 inch x260CM J-TIP BOSTON/RADIFOCUS No.M001465021/PA35263M	OS	25%	237.12	248.98	261.42
XR-G-000036	GUIDE WIRE STRAIGHT HYDROPHILIC COATING SHAPEABLE #V-18TM BOSTON # M001468540	OS	25%	820.80	861.84	904.93
XR-G-000045	GUIDEWIRE STANDARD W/HYDROPHILIC 0.014CMX300CM COATING STRYKER # M00326510	OS	25%	3,283.20	3,447.36	3,619.73
XR-M-000046	MINI STICK MAX-4F×10CM STD018 ANGIODYNAMICS #H965457481	OS	25%	437.76	459.65	482.63

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XR-P-000018	PHIL 25%, 1CC OF PHIL IN PRE-FILLED SYRINGE 1CC F DMSO IN PRE-FILLED SYRINGE CATHETER SPECIFIC ADAPT	OS	25%	5,909.76	6,205.25	6,515.51
XR-S-000041	SYNCHRO 0.010 200/35CM STANDARD EMEA-MH STRYKER #M00326410	OS	25%	3,283.20	3,447.36	3,619.73
XR-S-000073	SHEATH INTRODUCER MICRO SET 6FR COAXIAL GALT STICK # KIT-036-606	OS	25%	437.76	459.65	482.63
XR-S-000075	SHEATH AXS INFINITY LS 90CM STRYKER#GEN-10476-90	OS	25%	10,937.43	11,484.30	12,058.52
XR-S-000076	STENT WINGSPAN SYSTEM 4.5 X 15 MM STRYKER #M003WE0450150	OS	25%	24,042.60	25,244.73	26,506.97
119014	ECHO M-MODE ONLY.	OS	25%	300.00	315.00	330.75
17665	GUEDEL AIRWAY SINGLE USE STERILE DISP. PORTEX #100/320/200	OS	25%	10.00	10.50	11.03
18536	CAP SURGEON F/DOCTORS HOOD.	OS	25%	0.36	0.38	0.40
18539	COVER OVERSHOES NON WOVEN.	OS	25%	0.14	0.15	0.15
18588	SPONGE GAUZE TELETRAST SMALL X-RAY DETECTABLE #482292/7	OS	25%	10.00	10.50	11.03
20020	TUBE TRACHEAL EXCHANGER 10FR ADULT PORTEX No. 100/125/010	OS	25%	100.00	105.00	110.25
22758	PLATE SCOTCH PEDIATRIC DISPOSABLE 3M #1146/1202H.	OS	25%	10.00	10.50	11.03
23867	IRE BORING KIRSCNER 1.6MMx15CM AESCULAP No.LX136S	OS	25%	30.00	31.50	33.08
37587	MASK FACE ANAESTHESIA ECOMASK SIZE 2 CLEAR #7092000	OS	25%	10.00	10.50	11.03
38994	SUTURE ETHIBOND EXCEL 2-0 GR/WH 10x75CM W/PLEDGET NEEDLE 26MM ETHICON #W10B77.	OS	25%	600.00	630.00	661.50
40149	CANNULA CORONARY 12FR ARTERY PERfusion MEDTRONIC #30012/CP11012	OS	25%	200.00	210.00	220.50
45269	BLANKET ADULT CAREQUILT #CV-503-0810	OS	25%	100.00	105.00	110.25
47120	GEL DISINFECTANT EZ CLEAN 1000ML AVALON # PSC130	OS	25%	40.00	42.00	44.10
47556	TUBE BRONCHIAL DOUBLE LUMEN LEFT SIDE 37FR PORTEX #198-37L.	OS	25%	900.00	945.00	992.25
48259	WIRE GUIDE SUPER STIFF 0.035"x260CM MEDTRONIC #008631/6680-23.	OS	25%	200.00	210.00	220.50
48802	CANNULA VENOUS SINGLE STAGE 34FR MEDTRONIC #66134.	OS	25%	300.00	315.00	330.75
50818	SCREW LOCKING 3.5x16MM SELF TAPPING SYNTHES No.213.016	OS	25%	500.00	525.00	551.25
CROSS MATCH	CROSS MATCH.	OS	25%	50.00	52.50	55.13
FMANA-0004	(Ankle) Nerve Block	OS	25%	200.00	210.00	220.50
FMANAP0032	LOCAL ANAESTHESIA ASSISTANT/HR	OS	25%	40.00	42.00	44.10
FMCARS0025	48 HRS. HOLTER MONITORING	OS	25%	800.00	840.00	882.00
FMCAT-0065	INTRACORONARY THROMBUS ASPIRATION	OS	25%	1,020.00	1,071.00	1,124.55
FMCTS-0084	VAC THERAPY FOR STERNAL WOUND	OS	25%	18,000.00	18,900.00	19,845.00
FMCTS-0085	DEBRIDEMENT OF STERNAL WOUND	OS	25%	18,000.00	18,900.00	19,845.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMCTSS0022	REPAIR OF WOUND DEHESENCE	OS	25%	4,500.00	4,725.00	4,961.25
FMDNTS0085	SURGICAL EXCISION OF BENIGN TUMOUR IN HARD PALATE	OS	25%	1,000.00	1,050.00	1,102.50
FMDNTS0245	IMPACTED 3RD MOLAR "MOD. CASE".	OS	25%	1,650.00	1,732.50	1,819.13
FMENDE0051	GASTROSTOMY FEEDING TUBE	OS	25%	900.00	945.00	992.25
FMENTN2007	CONTROL OF EPISTAXIS BY ANTER- NASAL PACKING	OS	25%	100.00	105.00	110.25
FMENTN2048	REPAIR OF SEPTAL PERFORATION	OS	25%	1,000.00	1,050.00	1,102.50
FMENTN2055	REMOVAL OF NASAL PACK	OS	25%	40.00	42.00	44.10
FMENTS0023	UVULOPALATOPHARYNGOPLASTY	OS	25%	1,000.00	1,050.00	1,102.50
FMINT-0007	THORACOCENTESIS	OS	25%	300.00	315.00	330.75
FMLAB-1011	ACID PHOSPHATASE-STAIN	OS	25%	70.00	73.50	77.18
FMLAB-1017	BLOOD FILM FOR FILARIA	OS	25%	40.00	42.00	44.10
FMLAB-1045	HCT.	OS	25%	20.00	21.00	22.05
FMLAB-1514	T+B LYMPHOCYTE DIFFERENTIATION	OS	25%	700.00	735.00	771.75
FMLAB-1703	ANTI PLATELET ABS(BOUND&FREE)	OS	25%	3,500.00	3,675.00	3,858.75
FMLAB-1719	THIOPURINE METHYLTRANSFERASE DEFICIENCY GENE(TPMT)	OS	25%	1,000.00	1,050.00	1,102.50
FMLAB-7061	ER PROFILE III (CK. CK-MB,TROPONIN)	OS	25%	300.00	315.00	330.75
FMLAB-8144	PNEUMOCYSTIS CARNII BY PCR	OS	25%	900.00	945.00	992.25
FMLAB-8177	NGS FOR MPN	OS	25%	18,000.00	18,900.00	19,845.00
FMLAB-9009	ALKALINE LEUKOCYTE PHOSPHATASE (ALP)	OS	25%	200.00	210.00	220.50
FMLAB-9017	ANGIOTENSIN-1 CONVERTING ENZYME (ACE)	OS	25%	200.00	210.00	220.50
FMLAB-9047	CRYOGLOBULIN, QUAL (S)	OS	25%	30.00	31.50	33.08
FMLAB-9127	LYMPHOCYTES (CD3, CD4, CD8)	OS	25%	300.00	315.00	330.75
FMLAB-9191	AMIKACIN (AMIKIN)	OS	25%	100.00	105.00	110.25
FMLAB-9286	TETANUS ABS.	OS	25%	100.00	105.00	110.25
FMLAB-9306	VERY LONG CHAIN FATTY ACIDS	OS	25%	500.00	525.00	551.25
FMLAB-9991	CRYOPRECIPITATION	OS	25%	90.00	94.50	99.23
FMNEU-0090-O	VENTRICULAR TAPPING	OS	25%	900.00	945.00	992.25
FMNUM-0020	24 HOURS MONITORING	OS	25%	2,142.00	2,249.10	2,361.56



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FMORT-0163	EXCISION OF DESTRUCTION INTER- VERTEBRAL DISC	OS	25%	2,000.00	2,100.00	2,205.00
FMORT-0364-O	ABOVE KNEE SLAB.	OS	25%	100.00	105.00	110.25
FMORT-0502	SEQUESTROMY OF LONG BONES	OS	25%	1,000.00	1,050.00	1,102.50
FMORT-0633	REMOVAL OF EXTERNAL FIXATOR	OS	25%	200.00	210.00	220.50
FMORT-0663	REVISION OF DURAL TEAR	OS	25%	1,000.00	1,050.00	1,102.50
FMORT-0695	CURETTAGE OF BONE SYST SMALL	OS	25%	300.00	315.00	330.75
FMORT-9960	DEBRIDEMENT WITH POSTERIOR FI-	OS	25%	2,295.00	2,409.75	2,530.24
FMPDT-0003	EXCHANGE TRANSFUSION EXCLUDING BLOOD MEDICINE & INSTRUMENTS	OS	25%	300.00	315.00	330.75
FMPDT-0192	CEREBRAL FUNCTION MONITOR	OS	25%	700.00	735.00	771.75
FMPSDK0022	REPAIR AND RECONSTRUCTION OF PARTIAL LOSS OF EYEBROW	OS	25%	400.00	420.00	441.00
FMPSDK0088	REATTACHMENT OF MUSCLE OF HAND	OS	25%	900.00	945.00	992.25
FMPSDK0239	EXPLORATION OF FLEXOR POLLICIS LONGUS	OS	25%	1,000.00	1,050.00	1,102.50
FMSUR-1035	REMOVAL OF INGROWN TOE NAIL	OS	25%	200.00	210.00	220.50
FMSUR-3022	SCLEROTHERAPY FOR VARICOSE VEINS (SESSION)	OS	25%	90.00	94.50	99.23
FMXRY-0686	REMOVAL OF PORTACATH	OS	25%	2,000.00	2,100.00	2,205.00
FMXRY-1052	CO2 ANGIOGRAM	OS	25%	2,000.00	2,100.00	2,205.00
MS-B-00001210	CATHETER BALLOON COMPLIANT SCEPTER MINI 2.0 X 10 MM VENTION # BC0210M	OS	25%	25,000.00	26,250.00	27,562.50
MS-B-000482	BALLOON CATHETER RELIANT MEDTRONIC#AB46	OS	25%	7,000.00	7,350.00	7,717.50
MS-B-000510	BAG VOMITING SIZE 1.5LTR GREATCARE#GCG305001	OS	25%	5.00	5.25	5.51
MS-B-000718	BALLOON PERIPHERAL PASSEO 18 ALL SIZES#BIOTRONIK	OS	25%	1,000.00	1,050.00	1,102.50
MS-B-001178	BLADE SHAVER EXCALIBUR 5.5 MM ARTHREX # AR-8550EX	OS	25%	400.00	420.00	441.00
MS-B-001719	BEDPAN LINER 2LTRS DISPOSABLE #MSSBP2000	OS	25%	4.60	4.83	5.07
MS-B-001786	BODY LOTION F/SOOTHING 250ML DIFFERENT FRAGRANCES JOHNSON	OS	25%	40.00	42.00	44.10
MS-B-001843	BONE GRAFT WEDGE IMPLANTCAST No. TBS14	OS	25%	2,000.00	2,100.00	2,205.00
MS-B-001988	BREATHING CIRCUIT STANDARD F/ADULT 1.5MTR HSINER #70121	OS	25%	60.00	63.00	66.15
MS-C-000627	CATHETER URETERIC 5FR STRAIGHT OPEN TIP COLOPLAST #ACP305	OS	25%	100.00	105.00	110.25
MS-C-003478	CATHETER ANGIOGRAPHIC 5FRx125CM BRAIDED BERENSTEIN IMPRESS® MERIT #512538BER	OS	25%	500.00	525.00	551.25



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MS-C-003828	COR-KNOT MINI COMBO KIT 4MMx17CM 12 QUICK LOAD PETERS No.031450	OS	25%	2,463.30	2,586.47	2,715.79
MS-C-003959	COUPLING ROD TO ROD 5/5 IMPLANTCAST #201102-0505	OS	25%	800.00	840.00	882.00
MS-C-004187	CANCELLOUS SURECHIP 30CC HANS-KOREA #BC30	OS	25%	5,000.00	5,250.00	5,512.50
MS-D-001175	DRESSING BACTIGRAS WITH CHLORHXDINE 10X10 STERILE SMITH & NEPHEW # WO-50768323	OS	25%	10.00	10.50	11.03
MS-D-001204	DISC GLUCONATE 2% I.V W/CHLORHEXIDINE H/7MM 2.5CM MEDTRADE#FG08844091	OS	25%	100.00	105.00	110.25
MS-D-001205	DISC GLUCONATE 2% I.V W/CHLORHEXIDINE H/1.5MM 1.9CM MEDTRADE#FG08844091	OS	25%	90.00	94.50	99.23
MS-E-000635	ENDO CLINCH II 5MM # 174317	OS	25%	700.00	735.00	771.75
MS-G-000276	GUIDE WIRE ANGLED HYDROPHILIC 0.035"x150CM COLOPLAST #AEAD35	OS	25%	700.00	735.00	771.75
MS-G-000359	GLUE ONYX KIT18 PACKAGED, AVM TUMOR F/ EMBOLIZATION MEDTRONIC No.EV-105-7000-060	OS	25%	8,415.00	8,835.75	9,277.54
MS-G-000747	GUIDE WIRE STIFF ANGLED HYDRO EXCHANGE GU 0.35"260CM#MERIT#LWSTFA35260EX MERIT # LWSTFA35260EX	OS	25%	500.00	525.00	551.25
MS-I-000694	INTRODUCER SHEATH KIT 6FR 11CM HYDROPHILIC TYYPE KDL #HIS-02	OS	25%	200.00	210.00	220.50
MS-K-000253	KIT COVERALL WHITE SIZE MEDIUM TYVEK-3M	OS	25%	100.00	105.00	110.25
MS-K-000302	KYPHOPLASTY KIT IMEDICOM # IBE-B00	OS	25%	20,000.00	21,000.00	22,050.00
MS-L-000110	LENS INTRAOCULAR INJECTABLE IQ ALCO 2000	OS	25%	1,118.26	1,174.17	1,232.88
MS-L-000706	LIGASURE BLUNT TIP OPEN SEALER 44CM MEDTRONICS #LF1844	OS	25%	2,000.00	2,100.00	2,205.00
MS-L-000716	LOCKING SCREW 5.0X28MM-AUXIEN #TI-119.028	OS	25%	400.00	420.00	441.00
MS-L-000719	LOCKING SCREW 2.4X14MM-AUXIEN	OS	25%	300.00	315.00	330.75
MS-M-000241	MASK FACE W/PLASTIC SHIELD	OS	25%	20.00	21.00	22.05
MS-N-000760	NASAL INFANT HIGH FLOW SYSTEM F&P #RT330	OS	25%	400.00	420.00	441.00
MS-N-000899	NEEDLE SPINAL 27G X 3 1/2 90 MM W/MAGNIFYING EFFECT PAJUNK # 121151-27A	OS	25%	70.00	73.50	77.18
MS-N-000903	NEEDLE PNEUMOPERITONEUM 150MM # 172016	OS	25%	90.00	94.50	99.23
MS-N-001440	NEEDLE INTRODUCER 4FRx10CM COAXIAL MINI ACCESS KIT MERIT #MAK401	OS	25%	500.00	525.00	551.25
MS-P-004238	PIN TO ROD COUPLING 8MM IMPLANTCAST # 201101-0856.	OS	25%	800.00	840.00	882.00
MS-P-004548	PLATE TIBIAL RIGHT OPENNING F/ACL REPLACEMENT-TI IMPLANTCAST No. ALTDP1-ST	OS	25%	4,000.00	4,200.00	4,410.00
MS-P-004575	PLATE DISTAL TIBIA 10 HOLES CHM #3.4039.510	OS	25%	4,000.00	4,200.00	4,410.00
MS-P-004845	PERSONA FEMUR POSTERIOR CEMENTED COBALT CHROME 7 LEFT#42-5006-062-01	OS	25%	7,000.00	7,350.00	7,717.50
MS-P-004846	PERSONA TIBIA CEMENTED STEMMED 5 DEGREE E-LEFT#42-5320-071-01	OS	25%	7,000.00	7,350.00	7,717.50



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MS-P-004858	PLATE TIBIA 12 HOLE RIGHT-AUXIEN #TI-746.112R	OS	25%	4,000.00	4,200.00	4,410.00
MS-P-004870	PLATE RECONSTRUCTION 7 HOLE-AUXIEN # TI-727-207	OS	25%	1,000.00	1,050.00	1,102.50
MS-P-004883	PERSONA ARTICULAR SURFACE 12MM VIVACIT FEMUR 6-9 TIBA EF# 42-5226-007-12	OS	25%	3,000.00	3,150.00	3,307.50
MS-P-004884	PERSONA ARTICULAR SURFACE 10MM VIVACIT POSTERIOR 6-9 TIBA EF# 42-5114-007-10	OS	25%	3,000.00	3,150.00	3,307.50
MS-P-004885	PERSONA TPR ST 14X+30MM #42-5570-0014	OS	25%	2,000.00	2,100.00	2,205.00
MS-R-000306	RING MITRAL ANNULOPLASTY SIZE 30MM CARBOMEDICS/MEDTRONIC No.AR-730/638RL30	OS	25%	7,000.00	7,350.00	7,717.50
MS-R-000830	ROD CARBON CONNECTING 8x300MM IMPLANTCAST No.CF08-300	OS	25%	700.00	735.00	771.75
MS-R-000832	ROD FIBER CARBON 5X200 MM IMPLANTCAST # CF05-200	OS	25%	700.00	735.00	771.75
MS-S-000630	STENT EXPRESS VASCULAR ALL SIZES.	OS	25%	8,000.00	8,400.00	8,820.00
MS-S-002738	SCREW CORTICALE 2.7 X 26 IRENE #T50012726	OS	25%	80.00	84.00	88.20
MS-S-002739	SCREW CORTICALE 2.7 X 28 IRENE #T50012728	OS	25%	100.00	105.00	110.25
MS-S-004653	SUTURE MENISCAL CINCH DEVICE ARTHREX #AR-4500	OS	25%	1,000.00	1,050.00	1,102.50
MS-S-004974	SHEATH URETERAL ACCESS SET NAVIGATOR 11/13F X 46CM F/FLEXIBLE SCOPE BOSTON SCIENTIFIC #250-204	OS	25%	1,000.00	1,050.00	1,102.50
MS-S-005445	SUTURE ANCHOR 15.5MMx2.9 BIOMCOMPOSITE PUSHLOCK ARTHREX #AR-1923BC	OS	25%	1,000.00	1,050.00	1,102.50
MS-S-005521	SHAMPOO BABY 200ML JOHNSON	OS	25%	30.00	31.50	33.08
MS-S-005605	SUTURE KNOT 2-0 PUSHER/CUTTER FOR FIBERWIRE ARTHREX # AR-4515	OS	25%	1,000.00	1,050.00	1,102.50
MS-S-005737	SUTURE # 2 FIBER WIRE W/TAPERED NEEDLE 26.5 MM, BLUE 97 CM ARTHREX # AR-7200 SMITH & NEPHEW #721108	OS	25%	300.00	315.00	330.75
MS-S-008603	SUTURE VICRYL 6-0 VIOLET 45CM SPATULA ETHICON #W9760	OS	25%	200.00	210.00	220.50
MS-S-008604	SUTURE VICRYL 7-0 VIOLET 30CM SPATULA ETHICON #W9561	OS	25%	200.00	210.00	220.50
MS-S-008758	SHAVER TIP 4.2MM DISSECTOR . # AR-6420DS / OR EQUIVALENT SMITH & NEPHEW #72203013	OS	25%	400.00	420.00	441.00
MS-S-009037	STENT ABRE FEMORAL VENOUS F/ ANGIOPLASTY ALL SIZES MEDTRONIC #AB9G1-060090	OS	25%	9,000.00	9,450.00	9,922.50
MS-S-009069	SCREW CANCELLOUS 3.5X34MM OSTEONIC NO. S1C.35340	OS	25%	500.00	525.00	551.25
MS-S-009417	SCREW MINI CROSS DRIVE 2.0X9MM TITANIUM IMPLANTCAST 01-12-510-09	OS	25%	600.00	630.00	661.50
MS-S-009442	STENT GRAFT SYSTEM ENDURANT II MEDTRONIC # ETLW1613C124EE	OS	25%	27,000.00	28,350.00	29,767.50
MS-S-009863	SCREW SHANZ 5X32/180 IMPLANTCAST # SS20501850	OS	25%	600.00	630.00	661.50
MS-S-010330	SCREW STREILE DTS SELF TAPPING 4.5MM-L65MM IMPLANTCAST No. ST4.5L65-ST	OS	25%	1,224.00	1,285.20	1,349.46



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MS-S-010331	SCREW LOCKING HTO TI 4.5 X 50 NEW CLIP IMPLANTCAST No. ST4.5L50-ST	OS	25%	1,224.00	1,285.20	1,349.46
MS-S-010527	SUTURE PROLENE 9-0 BLUE 13CM ETHICON No.W2783	OS	25%	200.00	210.00	220.50
MS-S-010852	SHELL POWER SIGNIA # SIGPSHELL	OS	25%	1,000.00	1,050.00	1,102.50
MS-S-010913	SCREW LOKING 3.5X20MM-AUXIEN # TI-117.020	OS	25%	300.00	315.00	330.75
MS-S-010942	STEEL WIRE 10M #26.158.05	OS	25%	100.00	105.00	110.25
MS-S-010981	SCREW COMPRESSION 3.5 X 18 MM, AUXIEN # TI-104.218	OS	25%	100.00	105.00	110.25
MS-T-000899	THERAPY SYSTEM STARTER KIT F/VAC WOUND NEGATIVE PRESSURE MACHINE KCI #VIAKITO77DO1/GB	OS	25%	3,000.00	3,150.00	3,307.50
MS-T-000919	TIP MICRO-COAXIAL I/A 0.3MM STRAIGHT ALCON # 8065751012	OS	25%	2,000.00	2,100.00	2,205.00
MS-T-001705	T-TYPE EXTENSION SET WITH LUER SLIP,15CM POLYMED#1027	OS	25%	8.00	8.40	8.82
MS-T-001750	TONSIL-BLATOR PT PLASMA SURGICAL PROBE BONSS #AC402	OS	25%	1,000.00	1,050.00	1,102.50
MS-T-001763	TUBE EMG NIM TRIVANTAGE 7MM # 8229737	OS	25%	2,000.00	2,100.00	2,205.00
MS-T-001778	TUBING RESPIRATORY SYSTEM INTERSURGICAL #MP00365, WITH	OS	25%	70.00	73.50	77.18
MS-W-000676	WEDGE FUSION PEEK IMPLANTCAST No. FCP14	OS	25%	3,000.00	3,150.00	3,307.50
MS-W-000694	WIRE KIRSCHNER ? 1.8MM W/TROCAR TIP TITANIUM ALLOY, LENGTH 150MM SYNTHES #492.17	OS	25%	400.00	420.00	441.00
MTANA-0001	LUMBAR PUNCTURE ..	OS	25%	100.00	105.00	110.25
P-601	INSERTION OF SUB-CLAVIAN CATH.	OS	25%	1,000.00	1,050.00	1,102.50
Q1004	ISOLATION ROOM PER DAY Q1004	OS	25%	900.00	945.00	992.25
XR-A-000019	ADAPTOR FOR FULLY AUTOMATED CO2 INJECTOR 250 CM X0.2 ?M ANGIODROID #CO2-00001	OS	25%	2,000.00	2,100.00	2,205.00
XR-A-000022	ADVANCED SYSTEM FOR CLOT RETRIEVAL - TREVO NXT STRYKER # 90412	OS	25%	25,000.00	26,250.00	27,562.50
XR-B-000025	BALLOON CATHETER GOLD PTA ATLAS VARIOUS SIZES BARD USA # ATG80XX	OS	25%	1,000.00	1,050.00	1,102.50
XR-C-000064	CATHETER SOFIA DIGITAL ACCESS 5F, INNER DIA 0.055" OUTER DIA 0.068" PROX./0.068" DISTAL TOTAL LENGTH	OS	25%	4,000.00	4,200.00	4,410.00
XR-C-000131	CATHETER DRAINAGE SET DIRECT ACCESS 10FR BIOTEQ #BT-PD1-06XX-WCL	OS	25%	200.00	210.00	220.50
XR-C-000140	CATHETER GUIDING INNER HAPERON SINGLE 6F 2 TERUMO #GC695M2	OS	25%	1,000.00	1,050.00	1,102.50
XR-C-000143	CATHETER POWERPICCLINE SV SL 3F MAX BARRIER BARD USA #3173108D	OS	25%	600.00	630.00	661.50
XR-C-000151	CATHETER ASPIRATION SOFIA PLUS 6FR-131CMSTR DA6131ST TERUMO #DA6131ST	OS	25%	5,000.00	5,250.00	5,512.50
XR-C-000163	CATHETER FLUENT INTRODUCER 4FR GALT USA # KIT-038-03	OS	25%	200.00	210.00	220.50



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XR-C-000164	CATHETER FLUENT INTRODUCER 5FR GALT USA # KIT-038-03	OS	25%	200.00	210.00	220.50
XR-C-000165	CATHETER AXSCATALYST 7-068X132CM STRYKER #M003IC068132A	OS	25%	11,000.00	11,550.00	12,127.50
XR-C-000167	CATHETER EXCELSIOR XT-27 1TIP 150CMx 6CM STRYKER #M003XT2750810	OS	25%	4,000.00	4,200.00	4,410.00
XR-C-000190	CATHETER DILATATION PERIPHERAL DEDICATED 6F,14BAR VIAT14PLUS #1008301	OS	25%	4,000.00	4,200.00	4,410.00
XR-C-000197	CATHETER X-PORT ISP, MRI IMPLANTED PORT 6FR KIT, BARD # 0605640CE	OS	25%	1,000.00	1,050.00	1,102.50
XR-C-000201	CATHETER IMPRESS BRAIDED 5F,100CM SIDE PORT 0.035"(0.89MM) MERIT #510035BER	OS	25%	100.00	105.00	110.25
XR-C-000203	CATHETERS GUIDEWIRE BERENSTEIN IMPRESS® 5F,038" 65 CM MERIT #56538BER	OS	25%	100.00	105.00	110.25
XR-C-000204	CATHETER PERIPHERAL SIMMONS 1 GUIDE WIRE 5FR/ 100CM/ 0.038" MERIT #510038SIM1	OS	25%	100.00	105.00	110.25
XR-C-000206	CATHETER PERIPHERAL MANI BRAIDED GUIDE WIRE 4FR/ 100CM/ 0.038" MERIT #410038MANI	OS	25%	100.00	105.00	110.25
XR-C-000207	CATHETER IMPRESS NON-BRAIDED PIGTAIL FLUSH 5F,65CM SIDE PORT 0.038"(0.97MM) MERIT #5653810PIG-NB	OS	25%	100.00	105.00	110.25
XR-C-000214	CATHETER BALLOON COMPLIANT SCEPTER MINI 2.0 X 10 MM VENTION # BC0210M.	OS	25%	25,000.00	26,250.00	27,562.50
XR-C-000217	CATHETER BALLOON MUSTANG 5.0 X 80MM, 75CM BOSTON # H74939171050870	OS	25%	1,000.00	1,050.00	1,102.50
XR-C-000218	CATHETER MICRO TREVO TRAK 21, STRYKER # 90338	OS	25%	5,000.00	5,250.00	5,512.50
XR-C-000219	CATHETER PICCLINE 5FR/55CM WITH ENDOXO&PASV VALVETECHNOLOGY BIOFLOW #45-832	OS	25%	900.00	945.00	992.25
XR-D-000020	DUAL-NEEDLE ENDED STAINLESS 6F 18G 7CM (2.8") 16CM #PSI-6F-11-035-18G	OS	25%	100.00	105.00	110.25
XR-D-000021	DUAL-NEEDLE ENDED STAINLESS 8F 18G 16CM (6.3") 16CM #PSI-8F-11-035-18G	OS	25%	100.00	105.00	110.25
XR-D-000022	DUAL-NEEDLE ENDED STAINLESS 5F 18G 16CM (6.3")16CM #PSI-5F-11-035-18G	OS	25%	100.00	105.00	110.25
XR-D-000023	DILATOR VESSEL 6FR GALT# DIL-600-06	OS	25%	60.00	63.00	66.15
XR-D-000025	DILATOR VESSEL 10FR GALT # DIL-600-10	OS	25%	60.00	63.00	66.15
XR-D-000026	DILATOR VESSEL 12FR # GALT DIL-600-12	OS	25%	50.00	52.50	55.13
XR-F-000064	FILTER NEURO WIRE EMBOLIC PROTECTION SYSTEM NAVIGATE 190CM#2244X-19 ABBOTT	OS	25%	13,000.00	13,650.00	14,332.50
XR-G-000039	GUIDER SOFTIP STR XF 8FR 90CM STRYKER # H965100520	OS	25%	2,550.00	2,677.50	2,811.38
XR-G-000044	GUIDEWIRE W/HYDROPHILIC COATING TRAXCESS 14 TERUMO #GW1420040	OS	25%	1,000.00	1,050.00	1,102.50
XR-G-000053	GUIDE WIRE AMPLATZ S.STIFF 0.35 X260CM BOSTON #M001465090	OS	25%	200.00	210.00	220.50
XR-G-000055	GUIDE WIRE AMPLATZ S.STIFF 0.35 X180CM BOSTON #M001465250	OS	25%	200.00	210.00	220.50
XR-G-000056	GUIDE WIRE 035"X260 STANDARD CORE HYDROSTEER ABBOTT #408011	OS	25%	100.00	105.00	110.25
XR-G-000057	GUIDE WIRE LAUREATE STIFF ANGLED 0.35"180CM (0.89MM) MERIT #LWSTFA55180	OS	25%	100.00	105.00	110.25
XR-I-000026	INFLATION DEVICE (30ATM) KDL # AI25	OS	25%	300.00	315.00	330.75



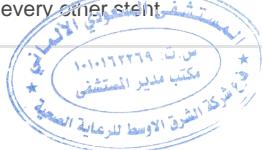
Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
XR-I-000028	INTRODUCER SET EV LOF 10FR 12CM ABBOTT VASCULAR # 407653	OS	25%	90.00	94.50	99.23
XR-I-000032	INTRODUCER FORTRESS REINFORCES 6FR STRAIGHT 65 BIOTRONIC#444482	OS	25%	700.00	735.00	771.75
XR-N-000065	NEEDLE BIOPSY TRU GUIDE COAXIAL 17G X 13.8CM 5/B BARD #C1816AGMBH	OS	25%	100.00	105.00	110.25
XR-N-000067	NEEDLE ONE WELL STYLE COLR/ HUB NORMAL ANGIOGRAPHIC 18-.038"(0.97MM)9.0.3/2" #AD18N91W	OS	25%	10.00	10.50	11.03
XR-N-000070	NEEDLE BIOPSY W/GUN MAX CORE 18Gx10CM 2016MSK BARD # MC1810	OS	25%	200.00	210.00	220.50
XR-N-000073	NEEDLE MISSION BIOPSY COAXIAL 20GX16CM BARD #2016MSK	OS	25%	200.00	210.00	220.50
XR-S-000058	SUTURE MEDIATED PROGLIDE CLOSURE SYSTEM ABBOTT # 12673-05	OS	25%	1,178.4 7	1,237.3 9	1,299.2 6
XR-S-000074	SHEATH AXS INFINITY LS 80CM STRYKER#GEN-10476-80	OS	25%	9,000.0 0	9,450.0 0	9,922.5 0
XR-S-000077	SHEATH GUIDE WIRE PRELUDE DILATOR .035"X7F 11CM #PSI-7F-11-035-18G	OS	25%	100.00	105.00	110.25
XR-S-000095	STENT SYSTEM NEURO DEDICATED CAROTID RX-DESIGN 149CM#101012X-X0	OS	25%	15,000. 00	15,750. 00	16,537. 50
XR-S-000110	STENT ELUVIA DRUG ELUTING VASCULAR OTW SYSTEM 6.0 X 120MM, 130CMBOSTON # H74939295601210	OS	25%	11,000. 00	11,550. 00	12,127. 50
XR-S-000111	STENT SELF EXPANDING SYSTEM INNOVA 6MM, 80MM ,75CM BOSTON #H74939180068070	OS	25%	5,000.0 0	5,250.0 0	5,512.5 0
XR-Y-000004	Y-CONNECTOR PACK #YCK118B	OS	25%	100.00	105.00	110.25
FMDNTC0001	ENUCLEATION OF SMALL CYST	OS	25%	600.00	630.00	661.50
FMDNTC0002	ENUCLEATION OF MODERATE CYST	OS	25%	730.00	766.50	804.83
FMDNTC0005	PLASTIC CLOSURE OF CHRONIC SKIN FISTULA	OS	25%	1,350.0 0	1,417.5 0	1,488.3 8
FMDNTC0006	CLOSURE OF ACCIDENTAL OPENING OF MAX. SINUS (SMALL)	OS	25%	810.00	850.50	893.03
FMDNTC0009	CALDWELL-LUC OPERATION	OS	25%	3,200.0 0	3,360.0 0	3,528.0 0
FMDNTC0016	LABIAL FRENECTOMY	OS	25%	600.00	630.00	661.50
FMDNTC0017	LINGUAL FRENECTOMY (TONGUE TIE)	OS	25%	480.00	504.00	529.20
FMDNTC0018	REMOVAL OF DENTURE FISSURATUM SMALL	OS	25%	600.00	630.00	661.50
FMDNTC0020	REMOVAL OF TORES PALATINUS SML	OS	25%	400.00	420.00	441.00
FMDNTC0021	REMOV. OF TORES PALATINUS LRGE	OS	25%	700.00	735.00	771.75
FMDNTC0024	VESTIBULOPLASTY 1/2 JAW	OS	25%	1,000.0 0	1,050.0 0	1,102.5 0
FMDNTC0025	VESTIBULOPLASTY WITH GRAFT(MM)	OS	25%	1,000.0 0	1,050.0 0	1,102.5 0
FMDNTC0026	LOWERING OF THE FLOOR OF MOUTH	OS	25%	2,700.0 0	2,835.0 0	2,976.7 5
FMDNTC0028	REMOVAL OF SALIVARY CALCUL.ANT	OS	25%	600.00	630.00	661.50
FMDNTC0029	REMOVAL OF SALIVARY CALCUL.POST	OS	25%	1,400.0 0	1,470.0 0	1,543.5 0



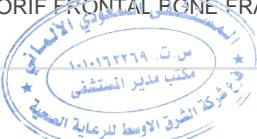
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMDNTC0030	ENUCLEATION OF MUCOCELE	OS	25%	600.00	630.00	661.50
FMDNTC0035	SURGICAL EXCISION OF INTRA-ORAL TUMOUR SMALL	OS	25%	350.00	367.50	385.88
FMDNTC0036	SURGICAL EXCISION OF INTRAORAL TUMOUR MEDIUM	OS	25%	600.00	630.00	661.50
FMDNTC0037	SURGICAL EXCISION OF INTRAORAL TUMOUR LARGE	OS	25%	1,100.00	1,155.00	1,212.75
FMDNTC0040	REMOVAL OF FOREIGN BODY	OS	25%	700.00	735.00	771.75
FMDNTC0041	REMOVAL OF PLATE OR WIRES OF OLD FRACTURE	OS	25%	600.00	630.00	661.50
FMDNTC0047	BIOPSY OF SOFT TISSUE	OS	25%	437.00	458.85	481.79
FMDNTC0055	ROTATION FLAP (SMALL)	OS	25%	600.00	630.00	661.50
FMDNTC0057	ROTATION FLAP (LARGE)	OS	25%	2,050.00	2,152.50	2,260.13
FMDNTC0058	TRANSPOSITION FLAP (SMALL)	OS	25%	600.00	630.00	661.50
FMDNTC0059	TRANSPOSITION FLAP (MODERATE)	OS	25%	1,290.00	1,354.50	1,422.23
FMDNTC0060	TRANSPOSITION FLAP (LARGE)	OS	25%	2,039.00	2,140.95	2,248.00
FMDNTC0086	NON-SURGICAL TREATMENT OF T.M. J. CLINICAL RECIPROCAL	OS	25%	4,000.00	4,200.00	4,410.00
FMDNTC100	EXTERNAL SINUS LIFT W/ AUTOGENOUS GRAFT	OS	25%	4,050.00	4,252.50	4,465.13
FMDNTC101	DISTRACTION OSTEOGENESIS (PER SIDE)	OS	25%	12,200.00	12,810.00	13,450.50
FMDNTC102	DOUBLE JAW (ORTHOGNATHIC)	OS	25%	33,094.00	34,748.70	36,486.14
FMDNTC103	DENTO - ALVEOLAR FRACTURE FIXATION - III	OS	25%	2,500.00	2,625.00	2,756.25
FMDNTC104	DENTO - ALVEOLAR FRACTURE FIXATION - I	OS	25%	1,100.00	1,155.00	1,212.75
FMDNTC105	DENTO - ALVEOLAR FRACTURE FIXATION - II	OS	25%	1,500.00	1,575.00	1,653.75
FMDNTC106	CHIN BONE HARVEST	OS	25%	4,050.00	4,252.50	4,465.13
FMDNTC107	ARTHROCENTHESIS (ONE SIDE)	OS	25%	5,000.00	5,250.00	5,512.50
FMDNTC108	ARTHROCENTHESIS (TWO SIDES)	OS	25%	8,100.00	8,505.00	8,930.25
FMDNTC90	RAMUS BONE HARVEST	OS	25%	4,000.00	4,200.00	4,410.00
FMDNTC91	SOFT TISSUE GRAFTING (PER SITE)	OS	25%	3,050.00	3,202.50	3,362.63
FMDNTC92	TMJ FOLLOW UP VISIT	OS	25%	110.00	115.50	121.28



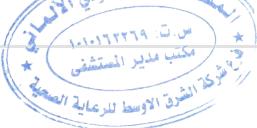
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMDNTC93	TMJ EXAM + ARTICULATION	OS	25%	600.00	630.00	661.50
FMDNTC94	INTERNAL SINUS LIFT (PER SITE)	OS	25%	2,000.00	2,100.00	2,205.00
FMDNTC95	INSICIONAL BIOPSY (HARD TISSUE)	OS	25%	800.00	840.00	882.00
FMDNTC96	INSICIONAL BIOPSY (SOFT TISSUE)	OS	25%	500.00	525.00	551.25
FMDNTC97	GENIOPLASTY STAND ALONE PROCEDURE	OS	25%	16,000.00	16,800.00	17,640.00
FMDNTC98	EXPOSURE OF IMPACT CANINE	OS	25%	1,250.00	1,312.50	1,378.13
FMDNTC99	EXTERNAL SINUS LIFT (ALLOGRAFT)	OS	25%	3,050.00	3,202.50	3,362.63
FMNUM-0030	SLEEP EEG RECORD OVERNIGHT	OS	25%	1,128.00	1,184.40	1,243.62
FMSUR-3226	Polysomnography (overnight diagnostic test and multiple sleep latency test)	OS	25%	2,000.00	2,100.00	2,205.00
FMENDE0090	Liver Fibroscan	OS	25%	992.00	1,041.60	1,093.68
MS-P-005010	PUMP INSULIN DEVICE KIT MINIMED 780G SYSTEM MEDTRONIC #MMT-1896WWA	OS	25%	39,800.00	41,790.00	43,879.50
FMLAB-9182	Immunophenotyping	OS	25%	1,500.00	1,575.00	1,653.75
FMOBG-0222	Implanon Insertion	OS	25%	700.00	735.00	771.75
CAR-0001	RT Heart Catherization w/o Shunt Run	P1	0%	4,978.00	5,226.90	5,488.25
CAR-0002	Cardiac Catherization (Coronary Angiography)	P1	0%	4,978.00	5,226.90	5,488.25
CAR-0003	Permanent Pacemaker insertion without cost of Pacemaker	P1	0%	13,724.00	14,410.20	15,130.71
CAR-0004	Cardiac Catherization Peadia	P1	0%	5,000.00	5,250.00	5,512.50
CAR-0006	Thoracoscopy Diagnostic	P1	0%	6,000.00	6,300.00	6,615.00
CAR-0007	PTCA SV without stent	P1	0%	11,378.00	11,946.90	12,544.25
CAR-0008	PTCA SV + One Stent (Normal Stent)	P1	0%	16,711.00	17,546.55	18,423.88
CAR-0009	PTCA SV + One Stent (Drug Eluting), SR.12500 will be charged every other stent	P1	0%	21,500.00	22,575.00	23,703.75
CAR-0010	PTCA DV without stent	P1	0%	15,644.00	16,426.20	17,247.51
CAR-0011	PTCA DV + One Stent (Drug Eluting) SR.12500 will be charged every other stent	P1	0%	24,000.00	25,200.00	26,460.00



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
CAR-0012	PTCA TV without stent	P1	0%	21,333. 00	22,399. 65	23,519. 63
CAR-0013	PTCA TV + One Stent (Drug Eluting), SR.12500 will be charged every other stent	P1	0%	27,500. 00	28,875. 00	30,318. 75
CAR-0014	Intra Aortic Balloon Pump insertion (Procedure)	P1	0%	2,000.0 0	2,100.0 0	2,205.0 0
CAR-0015	Thoracoscopy Therapeutic	P1	0%	9,000.0 0	9,450.0 0	9,922.5 0
CAR-0016	Femoro Post Tibial Bypass (Excluding Sythetic Bypass Graft)	P1	0%	17,778. 00	18,666. 90	19,600. 25
CAR-0017	Thoracotomy Evacutation of Hemothorax & Suturing of Lung Blebs	P1	0%	18,500. 00	19,425. 00	20,396. 25
CAR-0018	Coronary Artery Bypass Grafting (CABG)	P1	0%	50,000. 00	50,000. 00	50,000. 00
CAR-0019	Valve Replacement without Cost of Valve	P1	0%	40,000. 00	42,000. 00	44,100. 00
DNT-0001	I & D FACIAL ABSCESS L.A.	P1	0%	939.00	985.95	1,035.2 5
DNT-0002	REMOVAL OF ARCH BARS & WIRES	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0003	REMOVAL OF FACIAL FOREIGN BODIES	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0004	CLOSURE OF FACIAL LACERATION	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0005	EXCISION OF MINOR SALIVARY GLAND (MUCOCELE)	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0006	REMOVAL OF SALIVARY STONE	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0007	FRENECTOMY LIP / TONGUE G.A.	P1	0%	4,693.0 0	4,927.6 5	5,174.0 3
DNT-0008	I & D FACIAL ABSCESS G.A.	P1	0%	5,867.0 0	6,160.3 5	6,468.3 7
DNT-0009	CLOSED REDUCTION OF NASAL BONE FRACTURES	P1	0%	1,000.0 0	1,050.0 0	1,102.5 0
DNT-0010	CLOSURE OF DEEP/MULTIPLE FACIAL LACERATION G.A	P1	0%	7,431.0 0	7,802.5 5	8,192.6 8
DNT-0011	EXCISION OF LOCALIZED ORAL TUMOR WITH HISTOPATHOLOGY	P1	0%	7,431.0 0	7,802.5 5	8,192.6 8
DNT-0012	CLOSED REDUCTION OF MIDFACE FRACTURES	P1	0%	9,387.0 0	9,856.3 5	10,349. 17
DNT-0013	CLOSURE OF ORO-ANTRAL FISTULA	P1	0%	9,387.0 0	9,856.3 5	10,349. 17
DNT-0014	ORIF FRONTAL BONE FRACTURES	P1	0%	14,080. 00	14,784. 00	15,523. 20



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
DNT-0015	ORIF - MIDFACE FRACTURES - UNILATERAL	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0016	ORIF - MANDIBULAR CONDYLE FRACTURE	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0017	CLOSED REDUCTION OF MANDIBULAR FRACTURE & IMF	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0018	REDUCTION & FIXATION OF ALVEOLAR BONE FRACTURE	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0019	REMOVAL OF FACIAL / MANDIBULAR PLATES	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0020	EXCISION OF SUBLINGUAL GLAND	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0021	EXCISION OF FACIAL BENIGN CUTANEOUS NEOPLASM + HISTOP. G.A.	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0022	EXCISION OF FACIAL CYST G.A.	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0023	ENUCULATION OF MAXILLARY / MANDIBULAR CYST	P1	0%	14,080. 00	14,784. 00	15,523. 20
DNT-0024	ORIF - MIDFACE FRACTURES - BI-LATERAL	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0025	ORIF ORBITAL FLOOR FRACTURE (BLOW OUT)	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0026	ORIF - MANDIBULAR FRACTURE - UNILATERAL	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0027	MIDFACE OSTEOTOMY LE FORT I	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0028	SUPERFICIAL PAROTIDECTOMY	P1	0%	8,500.0 0	8,925.0 0	9,371.2 5
DNT-0029	PRIMARY REPAIR OF CLEFT LIP OR PALATE	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0030	SECONDARY REPAIR OF CLEFT LIP OR PALATE	P1	0%	18,773. 00	19,711. 65	20,697. 23
DNT-0031	ORBITAL RECONSTRUCTION	P1	0%	23,467. 00	24,640. 35	25,872. 37
DNT-0032	ORIF - MANDIBULAR FRACTURE - BILATERAL	P1	0%	23,467. 00	24,640. 35	25,872. 37
DNT-0033	FACIAL BONE GRAFTING & RECONSTRUCTION	P1	0%	23,467. 00	24,640. 35	25,872. 37
DNT-0034	MIDFACE OSTEOTOMY LE FORT II	P1	0%	23,467. 00	24,640. 35	25,872. 37
DNT-0035	RECONSTRUCTION OF MAXILLARY CLEFT - UNILATERAL	P1	0%	23,467. 00	24,640. 35	25,872. 37
DNT-0036	MANDIBULAR OSTEOTOMY	P1	0%	23,467. 00	24,640. 35	25,872. 37



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
DNT-0037	EXCISION OF PAROTID GLAND	P1	0%	23,467.00	24,640.35	25,872.37
DNT-0038	REVISION OF CLEFT LIP OR PALATE REPAIR	P1	0%	23,467.00	24,640.35	25,872.37
DNT-0039	MANDIBULAR CONDYLECTOMY	P1	0%	23,467.00	24,640.35	25,872.37
DNT-0040	EXCISION OF BENIGN TUMOR MANDIBLE OR MAXILLARY BONE	P1	0%	23,467.00	24,640.35	25,872.37
DNT-0041	MIDFACE OSTEOTOMY LE FORT III	P1	0%	32,853.00	34,495.65	36,220.43
DNT-0042	RECONSTRUCTION OF MAXILLARY CLEFT - BILATERAL	P1	0%	32,853.00	34,495.65	36,220.43
DNT-0043	EXCISION OF MALIGNANT TUMOUR MANDIBLE OR MAXILLARY BONE	P1	0%	32,853.00	34,495.65	36,220.43
ENT-0001	Direct Laryngoscopy	P1	0%	2,489.00	2,613.45	2,744.12
ENT-0002	Antral Washout	P1	0%	500.00	525.00	551.25
ENT-0003	Excision of Uvula	P1	0%	1,877.00	1,970.85	2,069.39
ENT-0004	Nasal Cauterization for Epistaxis	P1	0%	1,173.00	1,231.65	1,293.23
ENT-0005	Partial Inferior Turbinectomy (Unilateral)	P1	0%	2,347.00	2,464.35	2,587.57
ENT-0006	Suction Clearance Ears	P1	0%	1,351.00	1,418.55	1,489.48
ENT-0007	Bilateral Linear Caute, Inferior Turbinate	P1	0%	1,877.00	1,970.85	2,069.39
ENT-0008	Removal of Foreign Body from Ear G.A.	P1	0%	1,102.00	1,157.10	1,214.96
ENT-0009	Nasopharyngoscopy with Biopsy	P1	0%	2,000.00	2,100.00	2,205.00
ENT-0010	Nasopharyngoscopy without Biopsy	P1	0%	1,500.00	1,575.00	1,653.75
ENT-0011	Myringotomy & Grommet Tube Insertion (Bilateral)	P1	0%	2,133.00	2,239.65	2,351.63
ENT-0012	Excision of Lumps from Neck & Head-G.A.	P1	0%	2,347.00	2,464.35	2,587.57
ENT-0013	Bronchoscopy	P1	0%	2,418.00	2,538.90	2,665.85
ENT-0014	Aural Polypectomy (Unilateral)	P1	0%	1,500.00	1,575.00	1,653.75
ENT-0015	Cordal Nodule of Benign Tumour from the Vocal Cord	P1	0%	7,040.00	7,392.00	7,761.60



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ENT-0016	Adenoidectomy	P1	0%	2,133.00	2,239.65	2,351.63
ENT-0017	SMD	P1	0%	1,408.00	1,478.40	1,552.32
ENT-0018	Drainage of Abscess Neck	P1	0%	1,636.00	1,717.80	1,803.69
ENT-0019	Drainage of Quinsy	P1	0%	1,000.00	1,050.00	1,102.50
ENT-0020	Nasal Polypectomy	P1	0%	1,200.00	1,260.00	1,323.00
ENT-0021	Myringotomy & Grommet Tube Insertion (Unilaterall)	P1	0%	1,636.00	1,717.80	1,803.69
ENT-0022	Tonsillectomy (500 for laser to be added)	P1	0%	2,311.00	2,426.55	2,547.88
ENT-0023	Reduction of Fracture Nasal Bone	P1	0%	1,800.00	1,890.00	1,984.50
ENT-0024	Foreign Body Oesophagus	P1	0%	2,112.00	2,217.60	2,328.48
ENT-0025	Bronchoscopy (Foreign Body Removal from Trachea)	P1	0%	2,773.00	2,911.65	3,057.23
ENT-0026	SMR Submucus Resection	P1	0%	4,000.00	4,200.00	4,410.00
ENT-0027	Tracheostomy	P1	0%	3,129.00	3,285.45	3,449.72
ENT-0028	Simple Mastoidectomy	P1	0%	2,500.00	2,625.00	2,756.25
ENT-0029	Intra Nasal Antrostomy	P1	0%	1,500.00	1,575.00	1,653.75
ENT-0030	Radical Mastoidectomy	P1	0%	7,500.00	7,875.00	8,268.75
ENT-0031	Septoplasty	P1	0%	3,200.00	3,360.00	3,528.00
ENT-0032	Oro-Antral Fistula	P1	0%	4,267.00	4,480.35	4,704.37
ENT-0033	Cordopexy	P1	0%	3,911.00	4,106.55	4,311.88
ENT-0034	Functional Endoscopy Sinus Surgery Grade 1 (F.E.S.S.)	P1	0%	3,500.00	3,675.00	3,858.75
ENT-0035	Laser Assisted Uveloplatoplasty (LAUP)	P1	0%	4,267.00	4,480.35	4,704.37
ENT-0036	Microlaryngoscopy with Procedure	P1	0%	4,000.00	4,200.00	4,410.00
ENT-0037	Caldwell- LUC Operation	P1	0%	3,000.00	3,150.00	3,307.50



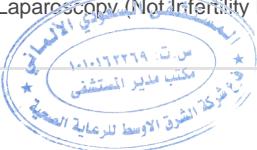
Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
ENT-0038	Functional Endoscopy Sinus Surgery Grade 2 (F.E.S.S.)	P1	0%	4,500.00	4,725.00	4,961.25
ENT-0039	Functional Endoscopy Sinus Surgery Grade 3 (F.E.S.S.)	P1	0%	5,000.00	5,250.00	5,512.50
ENT-0040	Correction of Deviated Nasal Septum	P1	0%	4,978.00	5,226.90	5,488.25
ENT-0041	Tympanoplasty	P1	0%	4,800.00	5,040.00	5,292.00
ENT-0042	External Frontal Operation	P1	0%	5,227.00	5,488.35	5,762.77
ENT-0043	External Ethmoid Operation	P1	0%	6,720.00	7,056.00	7,408.80
ENT-0044	Stapedectomy	P1	0%	4,500.00	4,725.00	4,961.25
ENT-0045	Operation on Vocal Cord E.G. Woodman	P1	0%	8,604.00	9,034.20	9,485.91
ENT-0046	Arytenoidectomy	P1	0%	8,500.00	8,925.00	9,371.25
ENT-0047	Radical Mastoidectomy + Tympanoplasty	P1	0%	6,500.00	6,825.00	7,166.25
ENT-0048	Operation for Malignant Tumour in ENT	P1	0%	10,667.00	11,200.35	11,760.37
FMENT-0002	H.A CIC DIGITAL CONTA 410	P1	0%	1,800.00	1,890.00	1,984.50
FMONC-1012	FOUR WEEKS ADVANCED 3-D RADIOTHERAPY	P1	0%	36,000.00	37,800.00	39,690.00
FMONC-1013	FIVE WEEKS ADVANCED 3-D RADIOTHERAPY	P1	0%	45,000.00	47,250.00	49,612.50
FMONC-1014	SIX WEEKS ADVANCED 3-D RADIOTHERAPY	P1	0%	54,000.00	56,700.00	59,535.00
FMONC-1016	EIGHT WEEKS ADVANCED 3-D RADIOTHERAPY	P1	0%	70,000.00	73,500.00	77,175.00
FMXRY-0325	C.T. EXTREMITIES WITH CONTRAST	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0337	CT CEREBRAL ANGIOGRAPHY	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0349	C.T. ANGIO BODY	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0591	CT GUIDED LUNG BIOPSY	P1	0%	3,000.00	3,150.00	3,307.50
FMXRY-0690	CT ANGIO. CORONARY	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0691	CT ANGIO. PULMONARY	P1	0%	1,500.00	1,575.00	1,653.75



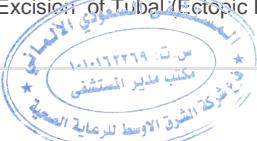
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMXRY-0692	CT ANGIO. PERIPHERAL	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0693	CT FACIAL BONE / 3D	P1	0%	1,500.00	1,575.00	1,653.75
FMXRY-0694	MRI OF BOTH KNEES	P1	0%	750.00	787.50	826.88
NEU-0001	Steriotactic Biopsy Brain	P1	0%	20,907.00	21,952.35	23,049.97
NEU-0002	Laser Discectomy	P1	0%	12,000.00	12,600.00	13,230.00
NEU-0003	Depressed Fracture of Skull & Decompression	P1	0%	9,447.00	9,919.35	10,415.32
NEU-0004	Ventricular- Artrial Shunt	P1	0%	12,000.00	12,600.00	13,230.00
NEU-0005	Ventricular- Peritoneal Shunt	P1	0%	12,000.00	12,600.00	13,230.00
NEU-0006	Lumbar - Two Disc	P1	0%	12,500.00	13,125.00	13,781.25
NEU-0007	Shunt for Hydrocephalus Including the Devices	P1	0%	14,222.00	14,933.10	15,679.76
NEU-0008	Single Intracerebral Hameatoma Drinage Burrhole	P1	0%	10,000.00	10,500.00	11,025.00
NEU-0009	Both Intracerebral Haematoma Drainage Burrhole	P1	0%	12,000.00	12,600.00	13,230.00
NEU-0011	Microdiscectomy for Lumbar Disc Prolapse	P1	0%	12,658.00	13,290.90	13,955.45
NEU-0012	Biopsy- Pineal Gland	P1	0%	13,440.00	14,112.00	14,817.60
NEU-0013	Biopsy-Pituitary Gland, Transphenoidal Approach	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0014	Biopsy-Pituitary Gland, Unspecified Approach	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0015	Craniotomy & Craniectomy & Procedure for different lesions (non Traumatic)	P1	0%	16,427.00	17,248.35	18,110.77
NEU-0016	Craniotomy for Hemorrhage, Other & Unspecified Intrcranial,following Injury	P1	0%	20,907.00	21,952.35	23,049.97
NEU-0017	Craniotomy for Hemorrhage, Subarachnoid, Subdural & Extradural, following Injury	P1	0%	20,907.00	21,952.35	23,049.97
NEU-0018	Laminectomy for Stenosis	P1	0%	14,080.00	14,784.00	15,523.20
NEU-0019	Lumbar Meningocele	P1	0%	7,467.00	7,840.35	8,232.37
NEU-0020	Fracture Vertebrae without Prothesis	P1	0%	11,947.00	12,544.35	13,171.57



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
NEU-0021	Brain Tumour Supratentorial	P1	0%	15,307.00	16,072.35	16,875.97
NEU-0022	Brain Tumour Post Fossa	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0023	Pituitary Tumour	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0024	Cord Tumour	P1	0%	16,427.00	17,248.35	18,110.77
NEU-0025	Bypass, Vascular-Aorto-Subclavian-Carotid without Graft	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0026	Bypass, Vascular-Peripheral Artery without Graft	P1	0%	23,893.00	25,087.65	26,342.03
NEU-0027	Cranioplasty	P1	0%	16,427.00	17,248.35	18,110.77
NEU-0028	Decompression- Trigeminal Nerve Root	P1	0%	29,867.00	31,360.35	32,928.37
NEU-0029	Endarterectomy- Other, Vessels, Head & Neck	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0030	Repair of Compound Skull Fracture	P1	0%	14,933.00	15,679.65	16,463.63
NEU-0031	Cerebral Menings Repair	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0032	Aneurysm -Clipping without coils	P1	0%	26,133.00	27,439.65	28,811.63
NEU-0033	Aneurysm- Repair (Other)	P1	0%	29,867.00	31,360.35	32,928.37
NEU-0034	Cerebral Aneurysm	P1	0%	28,373.00	29,791.65	31,281.23
NEU-0035	Endarterectomy Intracranial Vessels without coils	P1	0%	29,867.00	31,360.35	32,928.37
OBG-0001	Polypectomy Curettage	P1	0%	1,500.00	1,575.00	1,653.75
OBG-0002	Aspiration of Ovarian Cyst	P1	0%	2,000.00	2,100.00	2,205.00
OBG-0003	Removal of Suture	P1	0%	960.00	1,008.00	1,058.40
OBG-0004	Hysteroscopy Diagnostic	P1	0%	2,062.00	2,165.10	2,273.36
OBG-0005	Removal of IUD (Intra Uterine)	P1	0%	1,000.00	1,050.00	1,102.50
OBG-0006	Shirodkar Suture	P1	0%	1,750.00	1,837.50	1,929.38
OBG-0007	Laparoscopy (Not Infertility Investigations-exploration	P1	0%	2,631.00	2,762.55	2,900.68



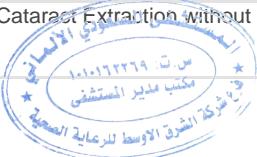
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
OBG-0008	D & C / ERPC	P1	0%	2,400.00	2,520.00	2,646.00
OBG-0009	Douglas Pouch Abcess Drainage	P1	0%	2,240.00	2,352.00	2,469.60
OBG-0010	Excision of Bartholin Cyst	P1	0%	1,500.00	1,575.00	1,653.75
OBG-0011	Removal of IUD (Extra Uterine) Laparoscopic	P1	0%	4,000.00	4,200.00	4,410.00
OBG-0012	Hysteroscopy with Procedure	P1	0%	3,911.00	4,106.55	4,311.88
OBG-0013	Oophorectomy	P1	0%	5,227.00	5,488.35	5,762.77
OBG-0014	Mcdonal Suture	P1	0%	1,750.00	1,837.50	1,929.38
OBG-0015	Cervical Encirculage	P1	0%	2,098.00	2,202.90	2,313.05
OBG-0016	Posterior Colpoperrineorraphy	P1	0%	4,500.00	4,725.00	4,961.25
OBG-0017	Amputation of Cervix	P1	0%	4,000.00	4,200.00	4,410.00
OBG-0018	Anterior Colpoperrineorrahphy	P1	0%	5,000.00	5,250.00	5,512.50
OBG-0019	Vaginal / Perineal Repair	P1	0%	3,000.00	3,150.00	3,307.50
OBG-0020	Normal Delivery	P1	0%	3,200.00	3,360.00	3,528.00
OBG-0021	Manchester Repair	P1	0%	4,267.00	4,480.35	4,704.37
OBG-0022	Ventro Suspension	P1	0%	3,200.00	3,360.00	3,528.00
OBG-0023	Ovarian Cystectomy Surgery	P1	0%	6,000.00	6,300.00	6,615.00
OBG-0024	Salpingectomy / Salpingostomy	P1	0%	4,053.00	4,255.65	4,468.43
OBG-0025	Lap. Ovarian Cystectomy	P1	0%	6,400.00	6,720.00	7,056.00
OBG-0026	Radical Hysterectomy	P1	0%	15,000.00	15,750.00	16,537.50
OBG-0027	Strasimmams	P1	0%	7,253.00	7,615.65	7,996.43
OBG-0028	Ceasarian Section	P1	0%	6,600.00	6,930.00	7,276.50
OBG-0029	Excision of Tubal/Ectopic Pregnancy) Lap	P1	0%	6,000.00	6,300.00	6,615.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
OBG-0030	Hysterectomy (Vaginal or Abdominal)	P1	0%	8,000.00	8,400.00	8,820.00
OBG-0031	Myomectomy Abdominal	P1	0%	7,111.00	7,466.55	7,839.88
OBG-0032	Tuboplasty	P1	0%	8,533.00	8,959.65	9,407.63
OBG-0033	Recurrent Myomectomy	P1	0%	12,000.00	12,600.00	13,230.00
OBG-0034	Caesarian Section Twins	P1	0%	8,533.00	8,959.65	9,407.63
OBG-0035	Vaginal IUFD Delivery	P1	0%	3,911.00	4,106.55	4,311.88
OBG-0036	C.S. IUFD Delivery	P1	0%	7,111.00	7,466.55	7,839.88
OBG-0037	Simple Vulvectomy	P1	0%	5,000.00	5,250.00	5,512.50
OBG-0038	Abdominal Panhysterectomy	P1	0%	8,000.00	8,400.00	8,820.00
OBG-0039	Recurrent Ovarian Tumour	P1	0%	12,000.00	12,600.00	13,230.00
OBG-0040	Repair of Vesico - Vaginal Fistula	P1	0%	10,000.00	10,500.00	11,025.00
OBG-0041	Repair of Recto- Vaginal Fistula	P1	0%	9,813.00	10,303.65	10,818.83
OBG-0042	Caesarian Section with Abdominal Hysterectomy	P1	0%	10,667.00	11,200.35	11,760.37
OBG-0043	Radical vulvectomy	P1	0%	10,000.00	10,500.00	11,025.00
OBG-0044	Caesarian Section-Recurrent	P1	0%	7,000.00	7,350.00	7,717.50
OBG-0045	Fothergill Operation	P1	0%	7,000.00	7,350.00	7,717.50
OBG-0046	Lap. Hysterectomy/Myomectomy	P1	0%	8,213.00	8,623.65	9,054.83
OBG-0047	Abdominal Sling for Prolapse	P1	0%	21,500.00	22,575.00	23,703.75
OBG-0048	Classical Repair	P1	0%	7,324.00	7,690.20	8,074.71
OPT-0001	Chalazion Removal L.A.	P1	0%	400.00	420.00	441.00
OPT-0002	Pterygium Removal L.A.	P1	0%	750.00	787.50	826.88
OPT-0003	Ectropion	P1	0%	1,500.00	1,575.00	1,653.75
OPT-0004	Corneal Graft Suture Removal	P1	0%	2,347.00	2,464.35	2,587.57



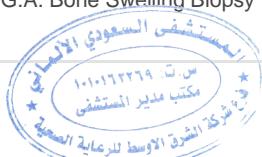
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
OPT-0005	Tarsorrhaphy	P1	0%	1,200.00	1,260.00	1,323.00
OPT-0006	Laser Photocoagulation / Eye	P1	0%	1,173.00	1,231.65	1,293.23
OPT-0007	Irridectomy	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0008	Dacryo Cystectomy	P1	0%	1,200.00	1,260.00	1,323.00
OPT-0009	Enucleation	P1	0%	2,560.00	2,688.00	2,822.40
OPT-0010	Lacrimal Canaliculum Probing	P1	0%	1,000.00	1,050.00	1,102.50
OPT-0011	Lacrimal Gland Biopsy	P1	0%	2,112.00	2,217.60	2,328.48
OPT-0012	Pterygium G.A.	P1	0%	2,347.00	2,464.35	2,587.57
OPT-0013	Enucleation with Implant G.A.	P1	0%	4,267.00	4,480.35	4,704.37
OPT-0014	Irridectomy Laser	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0015	Capsulectomy Laser	P1	0%	3,911.00	4,106.55	4,311.88
OPT-0016	Biopsy of Orbital Tumours	P1	0%	2,200.00	2,310.00	2,425.50
OPT-0017	Mucous Mem. Grafting/ Trichiasis	P1	0%	4,480.00	4,704.00	4,939.20
OPT-0018	Corneal Dermoid Excision	P1	0%	4,480.00	4,704.00	4,939.20
OPT-0019	Dacro Cystorhinostomy	P1	0%	5,000.00	5,250.00	5,512.50
OPT-0020	Squint Correction	P1	0%	6,347.00	6,664.35	6,997.57
OPT-0021	Capsulectomy	P1	0%	2,500.00	2,625.00	2,756.25
OPT-0022	Recurrent Pterygium + SR.1000 for Graft	P1	0%	3,556.00	3,733.80	3,920.49
OPT-0023	Cyclodialysis	P1	0%	5,500.00	5,775.00	6,063.75
OPT-0024	Repair of Corneal Laceration	P1	0%	3,500.00	3,675.00	3,858.75
OPT-0025	Ptosis Repair	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0026	Cataract Extraction without IOL	P1	0%	4,000.00	4,200.00	4,410.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
OPT-0027	Lacrimal Canaliculum Reconst	P1	0%	5,000.00	5,250.00	5,512.50
OPT-0028	Anterior Vitrectomy	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0029	Intraocular FB Removal	P1	0%	4,622.00	4,853.10	5,095.76
OPT-0030	Glaucoma Operation Trabe	P1	0%	4,000.00	4,200.00	4,410.00
OPT-0031	Recurrent Ptosis	P1	0%	5,000.00	5,250.00	5,512.50
OPT-0032	Exploratory/Excision Orbital Tumour	P1	0%	6,400.00	6,720.00	7,056.00
OPT-0033	Secondary Insertion of I.O.L.	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0034	Posterior Vitrectomy	P1	0%	3,000.00	3,150.00	3,307.50
OPT-0035	Lamellar Keratoplasty	P1	0%	9,500.00	9,975.00	10,473.75
OPT-0036	Corneal Graft (P. Keratoplasty)	P1	0%	9,500.00	9,975.00	10,473.75
OPT-0037	Cataract Extraction with IOI	P1	0%	4,500.00	4,725.00	4,961.25
ORT-0001	Fracture Small Bones of Hand/ Foot +POP	P1	0%	750.00	787.50	826.88
ORT-0002	POP Simple Fracture w/o Displacement	P1	0%	939.00	985.95	1,035.25
ORT-0003	POP Foot Deformity Correction	P1	0%	750.00	787.50	826.88
ORT-0004	Skin and / or Skeletal Traction on Thoma Splint or Bobler Spine	P1	0%	1,000.00	1,050.00	1,102.50
ORT-0005	Tendon Release of Finger/Wrist L.A.	P1	0%	2,000.00	2,100.00	2,205.00
ORT-0006	Excision of Olecranon Bursa	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0007	Reduction of Fracture or Dislocation and P.O.P.	P1	0%	1,000.00	1,050.00	1,102.50
ORT-0008	Removal of Implants/Big Bones	P1	0%	3,271.00	3,434.55	3,606.28
ORT-0009	Amputation of Finger/Toe	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0010	Reduction of Fracture or Dislocation of Finger & Splintage in ER	P1	0%	1,173.00	1,231.65	1,293.23
ORT-0011	Change of POP Under Anesthesia	P1	0%	2,062.00	2,165.10	2,273.36
ORT-0012	L.A. 2K Wire Removal	P1	0%	500.00	525.00	551.25



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
ORT-0013	Excision of Ganglion	P1	0%	2,347.00	2,464.35	2,587.57
ORT-0014	G.A. 2 K Wire Removal	P1	0%	750.00	787.50	826.88
ORT-0015	Tendon Sheath Splitting L.A.	P1	0%	4,267.00	4,480.35	4,704.37
ORT-0016	Terminalization of Finger L.A	P1	0%	2,489.00	2,613.45	2,744.12
ORT-0017	Removal of Implants/Small Bones	P1	0%	2,702.00	2,837.10	2,978.96
ORT-0018	Repair of Lacerated Wound not involving Tendon or Nerve L.A	P1	0%	1,813.00	1,903.65	1,998.83
ORT-0019	Plaster Spica or Jacket	P1	0%	2,844.00	2,986.20	3,135.51
ORT-0020	Fracture of Coles	P1	0%	2,500.00	2,625.00	2,756.25
ORT-0021	Close Reduction-Fracture Tibia	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0022	Close Reduction-Fracture Radius/Ulna	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0023	Carpal Tunnel Syndrome Operation	P1	0%	2,500.00	2,625.00	2,756.25
ORT-0024	Sequestrectomy of Small Bones	P1	0%	2,500.00	2,625.00	2,756.25
ORT-0025	Close Reduction-Simple Fracture G.A.	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0026	Close Reduction-Disclocate Phalanges GA	P1	0%	1,000.00	1,050.00	1,102.50
ORT-0027	Diagnostic Arthroscopy	P1	0%	2,500.00	2,625.00	2,756.25
ORT-0028	One Repair of Flexor Tendon of Finger (Direct)	P1	0%	4,200.00	4,410.00	4,630.50
ORT-0029	Reconstruction of Amputated Finger without Graft	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0030	G.A. Mobilization of Frozen Shoulder	P1	0%	1,500.00	1,575.00	1,653.75
ORT-0031	Capsulotomy of Finger Joints	P1	0%	2,200.00	2,310.00	2,425.50
ORT-0032	Arthroscopy Washout, Trimming, Removal of Loose Body	P1	0%	3,500.00	3,675.00	3,858.75
ORT-0033	Excision of Lower End of Ulna	P1	0%	3,000.00	3,150.00	3,307.50
ORT-0034	G.A. Bone Swelling Biopsy without Histopath	P1	0%	2,000.00	2,100.00	2,205.00



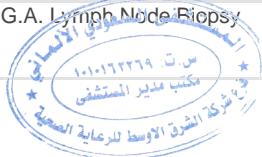
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
ORT-0035	Excision of Head of Radius	P1	0%	3,000.00	3,150.00	3,307.50
ORT-0036	Repair of Ruptured Superficial Ligament Knee or Ankle	P1	0%	4,500.00	4,725.00	4,961.25
ORT-0037	More Repair of Flexor Tendon of Finger (Direct)	P1	0%	6,000.00	6,300.00	6,615.00
ORT-0038	Repair of Flexor Tendon of Finger with Graft (Direct)	P1	0%	7,500.00	7,875.00	8,268.75
ORT-0039	Digital Nerve Repair	P1	0%	8,500.00	8,925.00	9,371.25
ORT-0040	Correction of Hallux Valgus	P1	0%	2,500.00	2,625.00	2,756.25
ORT-0041	Arthrodeasis of the Big Toe	P1	0%	4,500.00	4,725.00	4,961.25
ORT-0042	Achilles Tendon Length	P1	0%	4,500.00	4,725.00	4,961.25
ORT-0043	O.R.I.F for Dislocation of Ankle, Wrist and Elbow	P1	0%	9,000.00	9,450.00	9,922.50
ORT-0044	Nerve Suture	P1	0%	10,667.00	11,200.35	11,760.37
ORT-0045	Correction of Hand & Finger Deformity	P1	0%	8,213.00	8,623.65	9,054.83
ORT-0046	Cruciate Ligament Reconstruction without Prothesis	P1	0%	6,000.00	6,300.00	6,615.00
ORT-0047	Arthroscopy Meniscectomy	P1	0%	5,000.00	5,250.00	5,512.50
ORT-0048	ACL Reconstruction of Knee Ligament	P1	0%	6,500.00	6,825.00	7,166.25
ORT-0049	Operation of Recurrent Dislocation Shoulder	P1	0%	8,500.00	8,925.00	9,371.25
ORT-0050	Congenital Dislocation	P1	0%	8,000.00	8,400.00	8,820.00
ORT-0051	Synovectomy (Open)	P1	0%	6,000.00	6,300.00	6,615.00
ORT-0052	Bone Grafting	P1	0%	6,000.00	6,300.00	6,615.00
ORT-0053	Congenital Dislocation of Hip (CHD)	P1	0%	10,000.00	10,500.00	11,025.00
ORT-0054	O.R.I.F of Fracture of Tibia & Fibula	P1	0%	7,500.00	7,875.00	8,268.75
ORT-0055	Amputation of Long Bones (Trauma/Congenital)	P1	0%	13,511.00	14,186.55	14,895.88
ORT-0056	Excision of Cyst & Bone Graft	P1	0%	10,667.00	11,200.35	11,760.37



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
ORT-0057	O.R.I.F. of Fracture Pelvis without prosthesis	P1	0%	10,000.00	10,500.00	11,025.00
ORT-0058	Osteotomy	P1	0%	6,400.00	6,720.00	7,056.00
ORT-0059	Travera Band for Cruciate Ligament Reconstruction-PT/IP	P1	0%	9,152.00	9,609.60	10,090.08
ORT-0060	Core Tax Band for Cruciate Ligament Reconstruction-PT/IP	P1	0%	9,152.00	9,609.60	10,090.08
ORT-0061	High Tibial Osteotomy	P1	0%	6,400.00	6,720.00	7,056.00
ORT-0062	Laminectomy & Lumbar Disectomy Recurrent One Level	P1	0%	10,000.00	10,500.00	11,025.00
ORT-0063	Lumbar / Cervical Disectomy One Level	P1	0%	10,169.00	10,677.45	11,211.32
ORT-0064	CLR w/ Ligament Patella Band + P.T./I.P.	P1	0%	10,098.00	10,602.90	11,133.05
ORT-0065	Excision of Cervical Rib	P1	0%	8,000.00	8,400.00	8,820.00
ORT-0066	Laminectomy- Laser Conclusive	P1	0%	11,947.00	12,544.35	13,171.57
ORT-0067	Lumbar Disc Prolapse- Recurrent	P1	0%	13,440.00	14,112.00	14,817.60
ORT-0068	O.R.I.F. & Partial or Total Excision of Patella without prosthesis	P1	0%	6,200.00	6,510.00	6,835.50
ORT-0069	Major Joints Disarticulation	P1	0%	8,500.00	8,925.00	9,371.25
ORT-0070	Excision of Malignant Tumors & Bone Graft	P1	0%	12,000.00	12,600.00	13,230.00
ORT-0071	Decompression of Spine w/ Arthrodesis	P1	0%	22,400.00	23,520.00	24,696.00
ORT-0072	Partial Knee Replacement (Hermiarthroplasty)	P1	0%	20,000.00	21,000.00	22,050.00
ORT-0073	Total Knee Replacement -Unilateral	P1	0%	27,500.00	28,875.00	30,318.75
ORT-0074	Total Hip Replacement (Unilateral)	P1	0%	30,000.00	31,500.00	33,075.00
ORT-0075	Hind Quarter Amputation	P1	0%	11,947.00	12,544.35	13,171.57
ORT-0076	Lumbar Laminectomy one Level	P1	0%	11,947.00	12,544.35	13,171.57
ORT-0077	Cervical Laminectomy one Level	P1	0%	12,800.00	13,440.00	14,112.00
ORT-0078	O.R.I.F. for Commiruted or Mal-United Fracture of the Femur, Tibia, Humerus without prosthesis	P1	0%	9,500.00	9,975.00	10,473.75



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
ORT-0079	Arthrodesis (Knee/HIP/TB)	P1	0%	12,500.00	13,125.00	13,781.25
ORT-0080	Arthroplasties	P1	0%	16,128.00	16,934.40	17,781.12
ORT-0081	ACL Reconstruction Grade II (Complete Tear)	P1	0%	18,489.00	19,413.45	20,384.12
ORT-0082	Arthroscopic Subacromial Decompression	P1	0%	10,667.00	11,200.35	11,760.37
ORT-0083	Arthroscopy of Shoulder Therapeutic	P1	0%	8,533.00	8,959.65	9,407.63
ORT-0084	Arthroscopic Rotator Cuff Repair	P1	0%	10,667.00	11,200.35	11,760.37
P16HEARA2+	HEARING AID SIEMENS	P1	0%	1,800.00	1,890.00	1,984.50
SUR-0001	Abscess Drainage GA	P1	0%	1,173.00	1,231.65	1,293.23
SUR-0002	Circumcision (Over 1 yr. old) G.A.	P1	0%	1,422.00	1,493.10	1,567.76
SUR-0003	Circumcision (Less than 1 yr. old) L.A.	P1	0%	427.00	448.35	470.77
SUR-0004	Removal Foreign Body L.A.	P1	0%	640.00	672.00	705.60
SUR-0005	Removal of Perianal Skin Tag LA	P1	0%	500.00	525.00	551.25
SUR-0006	Drainage of Peri-Anal Abscess L.A.	P1	0%	1,400.00	1,470.00	1,543.50
SUR-0007	Excision of Lipoma LA	P1	0%	1,173.00	1,231.65	1,293.23
SUR-0008	Removal-Thrombosed Pile GA	P1	0%	1,900.00	1,995.00	2,094.75
SUR-0009	Debridement of Friction Burns L.A.	P1	0%	1,173.00	1,231.65	1,293.23
SUR-0010	Removal of Perianal Skin Tag GA	P1	0%	1,000.00	1,050.00	1,102.50
SUR-0011	Excision of Lipoma GA	P1	0%	1,200.00	1,260.00	1,323.00
SUR-0012	Ischio Rectal Abscess I & D	P1	0%	2,200.00	2,310.00	2,425.50
SUR-0013	Anal Dilatation	P1	0%	2,200.00	2,310.00	2,425.50
SUR-0014	L.A. Lymph Node Biopsy	P1	0%	1,017.00	1,067.85	1,121.24
SUR-0015	Drainage-Large Abcess Under G.A.	P1	0%	2,000.00	2,100.00	2,205.00
SUR-0016	G.A. Lymph Node Biopsy	P1	0%	1,500.00	1,575.00	1,653.75



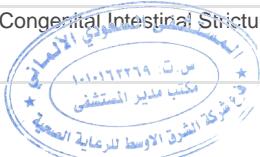
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
SUR-0017	Excision-Small Skin Tumors G.A.	P1	0%	1,721.00	1,807.05	1,897.40
SUR-0018	Removal of Foreign Body G.A.	P1	0%	1,900.00	1,995.00	2,094.75
SUR-0019	Excision-Sebaceous Cyst L.A	P1	0%	1,400.00	1,470.00	1,543.50
SUR-0020	Excision- Ganglion Cyst L.A	P1	0%	1,564.00	1,642.20	1,724.31
SUR-0021	Ingrowing Toe Nail Removal L.A.	P1	0%	500.00	525.00	551.25
SUR-0022	Excision - Multiple Big Lipoma G.A.	P1	0%	2,000.00	2,100.00	2,205.00
SUR-0023	L.A. Haematoma Evacuation	P1	0%	1,173.00	1,231.65	1,293.23
SUR-0024	Excision- Multiple Neurofibroma L.A.	P1	0%	2,347.00	2,464.35	2,587.57
SUR-0025	ERCP Diagnosis	P1	0%	2,800.00	2,940.00	3,087.00
SUR-0026	ERCP Therapeutic	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0027	Percutaneous Liver Biopsy - LA without Histopath	P1	0%	1,000.00	1,050.00	1,102.50
SUR-0028	Removal of Submandibular Gland Stones-LA	P1	0%	1,250.00	1,312.50	1,378.13
SUR-0029	Perianal Abscess Under G.A.	P1	0%	2,400.00	2,520.00	2,646.00
SUR-0030	Excision of Simple Tumor or Chronic Abscess of Breast	P1	0%	2,500.00	2,625.00	2,756.25
SUR-0031	Small Mass Local excision	P1	0%	2,987.00	3,136.35	3,293.17
SUR-0032	Laparoscopy (Diagnostic)	P1	0%	2,900.00	3,045.00	3,197.25
SUR-0033	Partial Mastectomy	P1	0%	4,693.00	4,927.65	5,174.03
SUR-0034	Low Imperforated Anus	P1	0%	3,000.00	3,150.00	3,307.50
SUR-0035	Biopsy Breast + Tissue Tumor Excision	P1	0%	3,000.00	3,150.00	3,307.50
SUR-0036	Inguinal, Umbilical, Para-Umbilical or Femoral Hernia Surgery w/o Mesh	P1	0%	4,500.00	4,725.00	4,961.25
SUR-0037	Mastectomy Male	P1	0%	3,556.00	3,733.80	3,920.49
SUR-0038	Low Anal Fistula	P1	0%	2,750.00	2,887.50	3,031.88



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
SUR-0039	Clearance of Fatty Hernia of Linea Alba	P1	0%	2,987.00	3,136.35	3,293.17
SUR-0040	Pilonidal Sinus	P1	0%	3,100.00	3,255.00	3,417.75
SUR-0041	Undescended Tests within or Outside the Inguinal - Unilateral	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0042	Anal Fissure Operation ,Sphincterectomy	P1	0%	3,100.00	3,255.00	3,417.75
SUR-0043	Haemorrhoidectomy or Pile Under G.A.(Surgical Excision)	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0044	Colostomy	P1	0%	4,500.00	4,725.00	4,961.25
SUR-0045	Small Incisional Hernia w/o Mesh	P1	0%	3,911.00	4,106.55	4,311.88
SUR-0046	Large Incisional Hernia w/out mesh - surgical	P1	0%	5,973.00	6,271.65	6,585.23
SUR-0047	Congenital Pyloric Stenosis	P1	0%	4,978.00	5,226.90	5,488.25
SUR-0048	Closure of Colostomy with Anastomosis- Surgical	P1	0%	5,000.00	5,250.00	5,512.50
SUR-0049	Lap. Cholecystectomy	P1	0%	7,500.00	7,875.00	8,268.75
SUR-0050	Lap. Appendectomy	P1	0%	6,500.00	6,825.00	7,166.25
SUR-0051	Lap. Inguinal Hernia Repair w/o Mesh	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0052	Skin Grafting- Small	P1	0%	2,844.00	2,986.20	3,135.51
SUR-0053	Skin Grafting- Medium	P1	0%	4,267.00	4,480.35	4,704.37
SUR-0054	Skin Grafting - Large	P1	0%	5,689.00	5,973.45	6,272.12
SUR-0055	Staple Haemorrhoidectomy	P1	0%	6,044.00	6,346.20	6,663.51
SUR-0056	Closure of Colostomy	P1	0%	5,000.00	5,250.00	5,512.50
SUR-0057	Bronchial Cyst	P1	0%	3,733.00	3,919.65	4,115.63
SUR-0058	Lumpectomy with Axillary Mass	P1	0%	7,858.00	8,250.90	8,663.45
SUR-0059	Imperforated Anus-Perineal Anoplasty	P1	0%	5,689.00	5,973.45	6,272.12
SUR-0060	Imperforated Anus-Colostomy	P1	0%	5,689.00	5,973.45	6,272.12



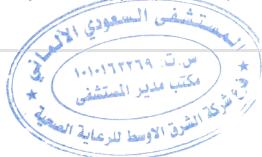
Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
SUR-0061	Appendectomy Open	P1	0%	3,750.00	3,937.50	4,134.38
SUR-0062	Subtotal Thyroidectomy	P1	0%	6,500.00	6,825.00	7,166.25
SUR-0063	Amputation of Limbs Gangrene	P1	0%	6,258.00	6,570.90	6,899.45
SUR-0064	Strangulated Hernia	P1	0%	7,000.00	7,350.00	7,717.50
SUR-0065	Rectal Prolapse	P1	0%	7,000.00	7,350.00	7,717.50
SUR-0066	Lap. Closure of Perforated of D.U.	P1	0%	8,500.00	8,925.00	9,371.25
SUR-0067	Arterial Embolectomy and Venous Thrombectomy	P1	0%	8,996.00	9,445.80	9,918.09
SUR-0068	Total Thyroidectomy	P1	0%	6,500.00	6,825.00	7,166.25
SUR-0069	Excision of Submandibular Gland G.A.	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0070	Laporotomy without Procedure	P1	0%	5,000.00	5,250.00	5,512.50
SUR-0071	Laparoscopic Adhesolysis	P1	0%	7,000.00	7,350.00	7,717.50
SUR-0072	Diverticulation Repair without Mesh	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0073	Radial Thyroidectomy	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0074	Enucleation of Thyroid Cyst	P1	0%	4,000.00	4,200.00	4,410.00
SUR-0075	Recurrent Hernia w/o Mesh	P1	0%	4,500.00	4,725.00	4,961.25
SUR-0076	High Anal Fistula	P1	0%	3,200.00	3,360.00	3,528.00
SUR-0077	Strangulated Hernia and Resection Anastomosis	P1	0%	7,000.00	7,350.00	7,717.50
SUR-0078	Diaphragmatic Hernia- Open	P1	0%	10,453.00	10,975.65	11,524.43
SUR-0079	Excision of Hepatic Cysts	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0080	Bowel Anastomosis Resection	P1	0%	7,500.00	7,875.00	8,268.75
SUR-0081	Acute Peritonitis / Laparotomy	P1	0%	6,258.00	6,570.90	6,899.45
SUR-0082	Congenital Intestinal Stricture	P1	0%	5,689.00	5,973.45	6,272.12



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
SUR-0083	Embolectomy for Limb Ischemia	P1	0%	7,111.00	7,466.55	7,839.88
SUR-0084	Drain Liver Abcess	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0085	Hydatid Cyst Liver	P1	0%	7,822.00	8,213.10	8,623.76
SUR-0086	Laporotomy Exploration w/ Procedure	P1	0%	7,500.00	7,875.00	8,268.75
SUR-0087	Cholecystoduodenostomy-Surgery	P1	0%	10,667.00	11,200.35	11,760.37
SUR-0088	Open Cholecystectomy	P1	0%	6,000.00	6,300.00	6,615.00
SUR-0089	Splenectomy	P1	0%	11,000.00	11,550.00	12,127.50
SUR-0090	Parotidectomy	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0091	Repair of Gastro Fistula or Intestinal Perforation (Surgery)	P1	0%	7,500.00	7,875.00	8,268.75
SUR-0092	Congenital Intestinal Stricture- Conclusive	P1	0%	7,111.00	7,466.55	7,839.88
SUR-0093	Intestinal Volvulous Release	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0094	Open Cholecystectomy Exp. Of C.B.D.	P1	0%	6,250.00	6,562.50	6,890.63
SUR-0095	Partial Gastrectomy	P1	0%	8,000.00	8,400.00	8,820.00
SUR-0096	Choledochoduodenostomy	P1	0%	12,089.00	12,693.45	13,328.12
SUR-0097	Radical Surgery for Oral Malignancy	P1	0%	14,933.00	15,679.65	16,463.63
SUR-0098	Lap. Vagotomy & Gastrojejunostomy	P1	0%	10,667.00	11,200.35	11,760.37
SUR-0099	Laparoscopic Diaphragm Hernia	P1	0%	6,000.00	6,300.00	6,615.00
SUR-0100	Cholecystostomy	P1	0%	5,500.00	5,775.00	6,063.75
SUR-0101	Adrenalectomy	P1	0%	11,000.00	11,550.00	12,127.50
SUR-0102	Gastrocystostomy	P1	0%	5,000.00	5,250.00	5,512.50
SUR-0103	Hemicolecction (Rt or Lt) -Surgery	P1	0%	10,000.00	10,500.00	11,025.00
SUR-0104	Anterior Resection	P1	0%	14,000.00	14,700.00	15,435.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
SUR-0105	Hartman Procedure	P1	0%	9,956.00	10,453.80	10,976.49
SUR-0106	Laposcopic Fundoplication	P1	0%	11,000.00	11,550.00	12,127.50
SUR-0107	Imperforated Anus-Pulled Abdomino Perianal	P1	0%	8,391.00	8,810.55	9,251.08
SUR-0108	Partial or Total Pancreatectomy	P1	0%	14,578.00	15,306.90	16,072.25
SUR-0109	Total Pelvic Excentration	P1	0%	15,644.00	16,426.20	17,247.51
URO-0001	Diagnostic Cystoscopy	P1	0%	2,200.00	2,310.00	2,425.50
URO-0002	Cystourethroscopy	P1	0%	3,000.00	3,150.00	3,307.50
URO-0003	Cystoscopy & Biopsy	P1	0%	2,489.00	2,613.45	2,744.12
URO-0004	Meatotomy	P1	0%	1,813.00	1,903.65	1,998.83
URO-0005	Cystoscopy + Retrograde	P1	0%	2,347.00	2,464.35	2,587.57
URO-0006	Cystoscopy + Insertion of DJ Stent	P1	0%	2,500.00	2,625.00	2,756.25
URO-0007	Cystoscopy + Removal of DJ Stent	P1	0%	1,422.00	1,493.10	1,567.76
URO-0008	True Cut Needle Biopsy- Cystoscopy	P1	0%	2,489.00	2,613.45	2,744.12
URO-0009	Testicular Biopsy	P1	0%	2,347.00	2,464.35	2,587.57
URO-0010	ESWL-Small Stone	P1	0%	3,911.00	4,106.55	4,311.88
URO-0011	ESWL-Medium Stone	P1	0%	4,622.00	4,853.10	5,095.76
URO-0012	ESWL-Large Stone	P1	0%	5,689.00	5,973.45	6,272.12
URO-0013	ESWL-Any Additional Session	P1	0%	853.00	895.65	940.43
URO-0014	Percutaneous Nephrostomy	P1	0%	3,500.00	3,675.00	3,858.75
URO-0015	Laparoscopic Varicocele	P1	0%	3,500.00	3,675.00	3,858.75
URO-0016	Meatoplasty	P1	0%	2,000.00	2,100.00	2,205.00
URO-0017	Repair of Hypospadias (Simple)	P1	0%	4,000.00	4,200.00	4,410.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
URO-0018	Repair of Hypospadias (1st Stage)	P1	0%	5,000.00	5,250.00	5,512.50
URO-0019	Repair of Hypospadias (2nd Stage)	P1	0%	6,500.00	6,825.00	7,166.25
URO-0020	Visual Internal Urethrotomy (VIU)	P1	0%	4,267.00	4,480.35	4,704.37
URO-0021	Cystoscopy + Optical Urethroscopy	P1	0%	5,333.00	5,599.65	5,879.63
URO-0022	Cystoscopy + Diathermy of Bladder Carcinoma	P1	0%	6,400.00	6,720.00	7,056.00
URO-0023	Open Prostatectomy	P1	0%	10,667.00	11,200.35	11,760.37
URO-0024	Cystolithopaxy	P1	0%	4,729.00	4,965.45	5,213.72
URO-0025	Orchidopexy for Undescended one side	P1	0%	4,622.00	4,853.10	5,095.76
URO-0026	Orchidopexy for Undescended (Testes- Bilateral)	P1	0%	6,044.00	6,346.20	6,663.51
URO-0027	Simple Orchidectomy	P1	0%	3,413.00	3,583.65	3,762.83
URO-0028	Haematocele	P1	0%	2,500.00	2,625.00	2,756.25
URO-0029	Hydrocelectomy	P1	0%	3,800.00	3,990.00	4,189.50
URO-0030	Excision of Spermatocele	P1	0%	4,032.00	4,233.60	4,445.28
URO-0031	Ligation Varicocele (One Side) surgery	P1	0%	3,378.00	3,546.90	3,724.25
URO-0032	Ligation Varicocele (Both Side)	P1	0%	4,622.00	4,853.10	5,095.76
URO-0033	Lithopaxy End.Blader Stone	P1	0%	2,000.00	2,100.00	2,205.00
URO-0034	Radical Orchidectomy	P1	0%	5,333.00	5,599.65	5,879.63
URO-0035	Suprapubic Cystostomy for Stone	P1	0%	5,000.00	5,250.00	5,512.50
URO-0036	Diverticulum (Excision of Bladder)	P1	0%	4,500.00	4,725.00	4,961.25
URO-0037	Ureteroscopy + stone manipulation (Add 700 for Laser)	P1	0%	4,500.00	4,725.00	4,961.25
URO-0038	Stricture Anterior Urethra	P1	0%	5,000.00	5,250.00	5,512.50
URO-0039	Stricture Posterior Urethra	P1	0%	8,500.00	8,925.00	9,371.25



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
URO-0040	T.U.R. of Bladder (Tumours)	P1	0%	9,031.00	9,482.55	9,956.68
URO-0041	Partial Cystectomy	P1	0%	9,500.00	9,975.00	10,473.75
URO-0042	Pyeloplasty	P1	0%	8,533.00	8,959.65	9,407.63
URO-0043	Nephrolithotomy	P1	0%	7,822.00	8,213.10	8,623.76
URO-0044	Partial Excision of Tumours of the Kidney and Bladder	P1	0%	8,604.00	9,034.20	9,485.91
URO-0045	Nephrectomy (Simple)	P1	0%	6,756.00	7,093.80	7,448.49
URO-0046	Pyelolithotomy	P1	0%	9,500.00	9,975.00	10,473.75
URO-0047	Ureterolithotomy	P1	0%	7,500.00	7,875.00	8,268.75
URO-0048	Perinephric Abscess	P1	0%	6,500.00	6,825.00	7,166.25
URO-0049	Radical Nephrectomy	P1	0%	16,000.00	16,800.00	17,640.00
URO-0050	Nephroureectomy	P1	0%	8,000.00	8,400.00	8,820.00
URO-0051	Cystourethroscopy and T.U.R. Prostatectomy	P1	0%	8,000.00	8,400.00	8,820.00
URO-0052	Resection and Anastomosis or Reimplantation of Urether	P1	0%	7,000.00	7,350.00	7,717.50
URO-0053	PCNL combined with Laser Lithotripsy / Laser stone Fragmentation	P1	0%	22,000.00	23,100.00	24,255.00
VAS-0001	Peripheral Angioplasty without Stent	P1	0%	7,004.00	7,354.20	7,721.91
VAS-0002	Arterio Venous Fistula (AV Fistula)	P1	0%	3,911.00	4,106.55	4,311.88
VAS-0003	Thoracoscopic Sympathectomy (Unilateral)	P1	0%	5,724.00	6,010.20	6,310.71
VAS-0004	Insertion of Permicath or Portacath (Procedure Only)	P1	0%	3,804.00	3,994.20	4,193.91
VAS-0005	Insertion of IVC Filter (Procedure Only)	P1	0%	7,609.00	7,989.45	8,388.92
VAS-0006	Radio Frequency Ablation for Varicose Veins (Unilateral)	P1	0%	9,956.00	10,453.80	10,976.49
VAS-0007	Radio Frequency Ablation for Varicose Veins (Bilateral)	P1	0%	11,307.00	11,872.35	12,465.97
VAS-0008	Stripping Operation for V.V. (One Side)	P1	0%	6,400.00	6,720.00	7,056.00



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
VAS-0009	Superficialization of Vein	P1	0%	3,911.00	4,106.55	4,311.88
VAS-0010	Femoral Embolectomy	P1	0%	11,200.00	11,760.00	12,348.00
VAS-0011	Thoracoscopic Sympathectomy (Bilateral)	P1	0%	7,964.00	8,362.20	8,780.31
VAS-0012	Midtarsal Amputation	P1	0%	3,911.00	4,106.55	4,311.88
VAS-0013	Arterio Venous Graft (for Dialysis)	P1	0%	6,364.00	6,682.20	7,016.31
VAS-0014	Stripping Operation for V.V. (Bilateral)	P1	0%	7,500.00	7,875.00	8,268.75
VAS-0015	Peripheral Aneurysm (Excision & Repair)	P1	0%	9,973.00	10,471.65	10,995.23
VAS-0016	Excision of Haemangioma (Small)	P1	0%	6,347.00	6,664.35	6,997.57
VAS-0017	Thoracic Outlet Syndrome	P1	0%	9,600.00	10,080.00	10,584.00
VAS-0018	Femoro-Popliteal Bypass	P1	0%	14,628.00	15,359.40	16,127.37
VAS-0019	Carotid Body Tumour	P1	0%	11,947.00	12,544.35	13,171.57
VAS-0020	Carotid Endarterectomy	P1	0%	14,009.00	14,709.45	15,444.92
VAS-0021	Excision of Haemangioma (Large)	P1	0%	9,973.00	10,471.65	10,995.23
VAS-0022	Aortic Bypass	P1	0%	19,947.00	20,944.35	21,991.57
VAS-0023	Femoro-Distal Bypass	P1	0%	15,964.00	16,762.20	17,600.31
VAS-0024	Abdominal Aortic Aneurysm	P1	0%	19,947.00	20,944.35	21,991.57
VAS-0025	Aorto Bifemoral Bypass Graft	P1	0%	19,947.00	20,944.35	21,991.57
VAS-0026	Below Knee Amputation	P1	0%	13,000.00	13,650.00	14,332.50
VAS-0027	Above Knee Amputation	P1	0%	15,000.00	15,750.00	16,537.50
SUR-9193	Sleeve Gastrectomy	P1	0%	20,000.00	21,000.00	22,050.00
FMCAT-0005	INTRA-AORTIC BALLOON INSERTION	P1	0%	5,848.20	6,140.61	6,447.64
FMSUR-2079	APPENDECTOMY COMPLICATED	P1	0%	6,175.00	6,483.75	6,807.94



Service Code	Service Description	Service Type	Discount	Gross price Applicable Effective 1/5/2024	Gross price Applicable Effective 1/1/2025	Gross price Applicable Effective 1/1/2026
FMSUR-9196	TOTAL THYROIDECTOMY AND NECK DISSECTION	P1	0%	9,927.50	10,423.88	10,945.07
FMXRY-0584	BONE BIOPSY	P1	0%	5,848.20	6,140.61	6,447.64
MS-T-000950	TUBE TRACHEOSTOMY 3.5MM UNCUFFED BIVONA PORTEX # 60P035	P1	0%	1,083.46	1,137.63	1,194.51
FMXRY-0575	CEREBRAL THROMBOLYSIS	P1	0%	45,000.00	47,250.00	49,612.50
FMXRY-0683	CAROTID ARTERY ANGIOGRAPHY ANGIOPLASTY	P1	0%	31,000.00	32,550.00	34,177.50
FMXRY-0684	AVM EMBOLIZATION OF CEREBRAL ARTERIES	P1	0%	102,00.00	107,10.00	112,45.50
FMXRY-0713	VERTEBRAL ARTERY ANGIOPLASTY	P1	0%	24,000.00	25,200.00	26,460.00
FMXRY-0714	VERTEBRAL ARTERY STENTING	P1	0%	24,000.00	25,200.00	26,460.00
FMXRY-1029	ACUTE STROKE THROMBOLYSIS AND INTRA-ARTERIAL THROMBECTOMY	P1	0%	65,000.00	68,250.00	71,662.50
FMXRY-1044	INTRA - CRANIAL BALLOON ANGIOPLASTY	P1	0%	30,000.00	31,500.00	33,075.00
FMXRY-1045	INTRA-CRANIAL STENTING	P1	0%	34,000.00	35,700.00	37,485.00
ORT-0751	VERTEBRO PLASTY	P1	0%	8,000.00	8,400.00	8,820.00
FMOPTL0068	Punctum Plug Implant - One Eye - 1 day	P1	0%	800.00	840.00	882.00
FMURO-40258	Rezum Water Vapor Therapy Of Prostate - 1 day	P1	0%	19,765.00	20,753.25	21,790.91
FMNEU-3361	ENDOSCOPIC RECONSTRUCTION OF Skullbase	P1	0%	40,000.00	42,000.00	44,100.00
FMNEU-3381	trans sphenoidal Tumor Excision	P1	0%	54,000.00	56,700.00	59,535.00
FMSUR0010	Resternotomy	P1	0%	17,950.00	18,847.50	19,789.88
FMSUR0011	Re-exploration after open heart surgery	P1	0%	18,500.00	19,425.00	20,396.25
FMNUR-0105	Cerebral endovascular embolization	P1	0%	45,000.00	47,250.00	49,612.50
FMSUR-3393	ENDOSCOPIC EXCISION OF TRACHEAL GRANULOMA	P1	0%	10,950.00	11,497.50	12,072.38
FMSUR-3363	LIVER RESECTION (SEGMENTECTOMY)	P1	0%	16,500.00	17,325.00	18,191.25
FMCAR-3068	Implantation Of Single Icd Including Implant	P1	0%	100,00.00	105,00.00	110,25.00



Service Code	Service Description	Serv ice Type	Disco unt	Gross price Applicabl e Effective 1/5/2024	Gross price Applicabl e Effective 1/1/2025	Gross price Applicabl e Effective 1/1/2026
FMSUR-3313	Laparoscopic Mini Gastric Bypass	P1	0%	17,000. 00	17,850. 00	18,742. 50
FMXRY-0359	C.T .SCANNOGRAM FOR EXTREMITIES	P2	0%	500.00	500.00	500.00
FMXRY-0552	MRI BREAST BILATERAL	P2	0%	833.33	833.33	833.33
FMXRY-0632	MRV BRAIN	P2	0%	833.33	833.33	833.33
FMOPTL0075	Punctum Plug Implant - Two Eyes - 1 day	P2	0%	1,200.0 0	1,200.0 0	1,200.0 0