Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
	B11 ADMIN	IISTRATION	
		11102 Ambulatory Services	
1	AMB01	AMBULANCE HIRING (IN-PATIENT)	99.00
2	AMB03	AMBULANCE HIRING (OUTSIDE ACCRA) PER HOUR	143.00
3	AMB02	AMBULANCE HIRING (WITHIN ACCRA) PER HOUR	88.00
		11108 Other Admin Rev	
4	REG01	CORPORATE REGISTRATION	660.00
5	GA001	OXYGEN GAS (CYLINGER)	55.00
6	ADM004	RENTAL (CONFERENCE HALL)	385.00

14/07/2016

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
	B13 LAE	BORATORY	CORF.
		11301 Lab Investigation	
7	L602	2 HOUR PP GLUCOSE	44.00
8	L2012	24 HOUR METANEPHINE URINE	660.00
9	L0021	24 HR URINARY CALCIUM LEVEL	66.00
10	L492	24 HR URINE CATEECHOLAMINES	880.00
11	L0013	24 HR URINE SODIUM	27.50
12	L688	24HR URINE MICRO ALBUMIN	352.00
13	LL2012	24HR URINE PROTEIN	66.00
14	L465	24HR URINE VOLUME ESTIMATION	88.00
15	LL3004	A.S.O TITRE	19.80
16	L4555	ACETYLCHOLINE RECEPTOR ANTIBODIES (ARA)	990.00
17	L850	ACETYLCHOLINE RECEPTOR ANTIBODY	660.00
18	LL2000	ACID PHOSPHATASE (TOT & PROST)	27.50
19	LL5016	ADDITIONAL UNIT OF BLOOD	66.00
20	LL1024	ADNEXAE (HISTOLOGY)	352.00
21	L5024	AFB CULTURE (SPUTUM)	77.00
22	LL4013	AFP ALPHA FETO-PROTEIN	88.00
23	LL032	ALBUMIN	33.00
24	L450	ALBUMIN CREATINE RATIO	77.00
25	L2049	ALDOSTERONE - SERUM	99.00
26	L5023	ALDOSTERONE / RENIN RATIO	176.00
27	L014	ALP ALKALINE PHOSPHATASE TEST	25.30
28	L020	ALT (GPT)	25.30
29	LL2005	AMYLASE (URINE/SERUM)	27.50
30	LL2032	ANGIOTENSIN CONVERTING ENZYME (ACE)	77.00
31	L0026	ANTI LA (ENA)	99.00
32	L709	ANTI CENTRIMERE AB	264.00
33	LL2024	ANTI DEOXYRIBONUCLEIC ACID	99.00
34	LL2025	ANTI NUCLEIC ACID	99.00
35	L0028	ANTI RNP (ENA)	154.00
36	L0025	ANTI RO (ENA)	99.00
37	L0027	ANTI SM (ENA)	99.00
38	L386	ANTI THROMBIN III FUNCTION	132.00
39	L908	ANTI TOPO MEREASE AB	264.00
40	LL2046	ANTICARDIOLIPIN ANTIBODY	242.00
41 42	L877	ANTI-CYCLIC CITRULLINATED PEPTIDE	143.00
43	L888	ANTI-MULLERIAN HORMONE	341.00
44	L0020	ANTINEUTROPHIL CYTOPLASMIC (ANCA)	187.00
45	L2011 LL1014	ANTIPHOSPHOLIPID PROFILE ANTRAL BIOPSY (HISTOLOGY)	770.00
46		,	242.00
47	LL1020 L4040	APPENDIX (HISTOLOGY) AP-PROTHROMBIN TIME	352.00
48	L4040 LL2020	ARTERIAL BLOOD GAS (ABG)	88.00
49	LL2020 LL8007	ASCITIC/PLEURAL FLUID	132.00
50	LL1001	ASPARTATE AMINOTRANSFERASE (AST)	88.00
51	L018	AST (GOT)	19.80
52	L506	B2 MICROGLOBIN	25.30
53	L030	BENCE JONES PROTEIN	143.00
50	_000	SELICE CONECTIONEIN	33.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORR
54	LL2031	BETA HCG (SERUM PREGNANCY TEST)	CORP.
55	L0012	BETA 2 MICROGLOBULIN	66.00
56	L012	BILIRUBIN TOTAL /DIRECT	88.00 25.30
57	L025	BLEEDING TIME	44.00
58	LL9007	BLOOD C/S	88.00
59	LL5013	BLOOD CROSSMATCHING	33.00
60	LL3040	BLOOD FILM COMMENT	44.00
61	LL4002	BLOOD FILM FOR MPS	15.40
62	L306	BLOOD GROUP X MATCHING	88.00
63	LL3068	BLOOD GROUPING	19.80
64	LL5011	BLOOD GROUPING, X MACTH & TRANSF	187.00
65	L308	BLOOD PREGNANCY TEST	66.00
66	LL9009	BLOOD SUGAR	16.50
67	L909	BLOOD SUGAR (HOUR TESTING IN DKA)	13.20
68	LL2045	BLOOD TOXICOLOGY SCREEN	506.00
69	LL0002	BLOOD UREA	25.30
70	L455	BRAIN TUMOURS	407.00
71	L4689	BRCA 1 & 2 TEST	1,100.00
72	L4688	BRCA 1 TEST	506.00
73	LL1030	BREAST LUMP (HISTOLOGY)	352.00
74	L032	BUE & CREATININE	88.00
75	LL2019	C. REACTIVE PROTEIN (C.R.P)	55.00
76	LL2011	C. S. F (BIOCHEMISTRY)	44.00
77	L2024	C.S.F (BACTERIOLOGY)	77.00
78	L5027	C.S.F MICROSCOPY & CHEMISTRY	55.00
79	LL2034	C3/C4 COMPLEMENT	132.00
80	L5025	CA - 72-4	110.00
81	LL5005	CA 15-3	132.00
82	L670	CA 19-9	88.00
83	L5022	CA-125	88.00
84	L4668	CALCANEUS	88.00
85	LL2043	CALCITONIN	880.00
86	LL2006	CANNAPIGUE	44.00
87	LL5026	CANNABIS-URINE	99.00
88 89	LL3012	CARCINO EMBRYONIC ANTIGEN (CEA)	77.00
90	LL3000	CARDIAC ENZYMES	132.00
91	LL3009	CD4 LEVEL CERVICAL SMEAR (PAP SMEAR)	198.00
92	LL10001 LL00012	CERVICAL SWIEAR (FAF SWIEAR) CERVICAL SWAB	132.00
93	LL1043	CERVICAL SWAD CERVICAL TISSUE (HISTOLOGY)	275.00
94	LL3006	CHLAMYDIA STAT. PAK TEST	286.00
95	LL0411	CHOLESTEROL	88.00
96	LL1010	CHROMOSOMAL STUDIES	27.50
97	LL9002	CK (CREATINE KINASE)	1,760.00
98	LL9000	CK-MB MASS	33.00
99	L387	CLOTTING PROFILE	55.00
100	LL3075	CLOTTING TIME	88.00
101	L619	CMV TG G IG M	33.00
102	L1013	COAGULATION PROFILE	198.00
			88.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
103	LL5025	COCAINE-URINE	99.00
104	LL5010	COOMBS TEST	23.10
105	L222	CORTISOL - SERUM	110.00
106	LL2016	C-PEPTIDE	110.00
107	L036	CREATININE	25.30
108	L031	CREATININE CLEARANCE TEST	66.00
109	LL8006	CULTURE	27.50
110	LL1046	CYST OF LEFT SCROTUM (HISTOLOGY)	352.00
111	LL4014	D-D MER	110.00
112	LL1023	DERMOID CYST (HISTOLOGY)	352.00
113	LL4016	DIFERENTIAL CSF	25.30
114	L500	DIGOXIN LEVEL	88.00
115	L2002	DIHYDROXY EPLANDESTERONE SULPHATE (DHEAS)	88.00
116	L3018	DOUBLE STRANDED DNA ANTIBODY	132.00
117	L467	DRUG ABUSE SCREEN	187.00
118	D7669	DYSFUNCTIONAL UTERINE BLEEDING	27.50
119	LL9008	EAR SWAB C/S	66.00
120	L037	ELECTROLYTES	44.00
121	LL1015	ENDOMETRIAL CURRETTING (HISTOLOGY)	352.00
122	LL1016	ENDOSCOPIC BIOPSY (HISTOLOGY)	242.00
123	LL5019	EOSINOPHIL COUNT	16.50
124	LL1045	EPIDYDIMAL CYST (HISTOLOGY)	352.00
125	L407	ESR	15.40
126	L454	EXCISION BIOPSY	286.00
127	LL8009	EYE SWAB C/S	66.00
128	LL3081	FACTOR V LEYDUM	165.00
129	L6788	FACTOR VIII ASSAY	165.00
130	LL1022	FALLOPIAN TUBE (HISTOLOGY)	352.00
131	L678	FATTOR VIII	44.00
132	L405	FBC	38.50
133	L324	FBC BF FOR MPS	49.50
134	L408	FBC ESR	46.20
135	LL5020	FBC ESR SICKLING (HAEMOGRAM)	49.50
136	LL4007	FBC SICKLING	46.20
137	LL2035	FERRITIN	66.00
138	L550	FETAL HEMOGLOBIN	407.00
139	LL1038	FIBROID (HISTOLOGY)	396.00
140	L3001	FIBRONOGEN	165.00
141	L530	FILARIA EXAM	27.50
142	LL5024	FOLATE	66.00
143	LL0009	FREE T3	66.00
144	L008	FREE T4	66.00
145	LL1047	FRIBOMA (HISTOLOGY)	352.00
146	LL10005	FISH	66.00
147 148	LL1028	FUSTULA TRACK (HISTOLOGY) CERD (FRC)	220.00
149	L362	G6PD (RBC) CALL BLADDER (HISTOLOGY)	33.00
150	LL1019	GALL BLADDER (HISTOLOGY)	352.00
150	L016	GAMMA GT	25.30
101	LL1044	GANGLION (HISTOLOGY)	352.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
152	L902	GASTRIN	88.00
153	LL0000	GLUCOSE FASTING (FBS)	17.60
154	L105	GLUCOSE RANDOM (RBS)	17.00
155	L434	GLYCOSYLATED (HBAIC)	88.00
156	L4445	GONORRHEA	77.00
157	LL2027	GROWTH HORMONE	110.00
158	LL0001	GTT GLUCOSE TOLERANCE TEST	66.00
159	LL2033	H PYLORI AB	88.00
160	LL4000	НВ	15.40
161	L502	HB ELECTROPHORESIS	27.50
162	L0007	HBsAg (Comf + Rapid)	77.00
163	LL2014	HDL CHOLESTEROL	33.00
164	L239	HELICOBACTER PYLORI STOOL	154.00
165	L0125	HEP C ANTIBODY	77.00
166	LL157	HEP. B S ANTIGEN TEST	25.30
167	LL3003	HEP. B S ANTIGEN TEST	25.30
168	LL3083	HEP. B. PROFILE	330.00
169	LL3019	HEPATITIS A (ANTIBODY) 1GM TEST	66.00
170	L6779	HEPATITIS A 1gG 1gM TEST	132.00
171	L6778	HEPATITIS A 1gG TEST	66.00
172	LL2018	HEPATITIS A ANTIBODY (TOTAL) TEST	77.00
173	L0004	HEPATITIS A IgM	66.00
174	LL3016	HEPATITIS B C ANTIBODY 1GG TEST	66.00
175	LL3013	HEPATITIS B C ANTIBODY 1GM TEST	66.00
176	LL3022	HEPATITIS B E ANTIBODY TEST	66.00
177	LL3021	HEPATITIS B E ANTIGEN TEST	66.00
178	LL3014	HEPATITIS B S ANTIBODY TEST	66.00
179	LL1011	HEPATITIS B VIRAL LOAD (DNA) TEST	660.00
180	L5030	HEPATITIS C IgG	66.00
181	L0003	HEPATITIS C IgM	66.00
182	LL3011	HEPATITIS C SCREEN TEST	44.00
183	L1012	HEPATITIS C VIRAL LOAD (RNA) TEST	660.00
184	L5029	HEPATITIS E IgG	66.00
185	L015	HERPES 1&2-IGG, IGM	77.00
186	LL2056	HIRSUTISM SCREEN	429.00
187	L4050	HISTO IMMUNOPEROXIDASE	1,870.00
188	LL10000	HISTOLOGY	352.00
189	L458	HISTOLOGY LARGE	418.00
190	L457	HISTOLOGY MEDIUM	352.00
191	L456	HISTOLOGY SMALL SPECIMEN	286.00
192	L4556	HLA - B27	154.00
193	LL3080	HOMOCYSTEINE	77.00
194	L302	HPLC ELECTROHORESIS	473.00
195	LL8002	HVS C/S	77.00
196	LL9012	HVS R/E & C/S	99.00
197	LL0012	IMMUNOGLOBIN E	88.00
198	LL2026	INFECTIOUS MONONUCLEOSIS	66.00
199	LL2007	INSULIN - FASTING	99.00
200	L491	INSULIN LIKE GROWTH FACTOR 1	209.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
201	LL2060	IONIZED CALCIUM	·
202	LL1009	IRON (FE)	44.00 66.00
203	LL2008	IRON STUDIES	132.00
204	L445	KARYOTYPING (BLOOD)	1,540.00
205	L406	L. E. CELLS	30.80
206	LL068	LABORATORY TEST	110.00
207	LL1034	LARGE INTESTINE (HISTOLOGY)	407.00
208	LL9001	LDH	27.50
209	L027	LDL CHOLESTEROL	44.00
210	LL0004	LH	77.00
211	L028	LIPASE	44.00
212	LL2017	LIPID PROFILE	99.00
213	LL1018	LIPOMA (HISTOLGY)	352.00
214	L5021	LITHIUM	30.80
215	L010	LIVER FUNCTION TEST	99.00
216	L388	LUPUS ANTIBODIES	660.00
217	LL1029	LYMPH NODE (HISTOLOGY)	286.00
218	LL2023	MAGNESIUM	25.30
219	L607	MALARIA ANTIGEN	27.50
220	L108	MANTOUX TEST	55.00
221	L0022	MEASLES SEROLOGY	154.00
222	L6789	MITOCHONDRIA AB	110.00
223	L677	MUMPS	143.00
224	LL8008	NASAL SWAB C/S	66.00
225	LL2009	OESTRADIOL	77.00
226	LL5021	OESTROGEN	88.00
227	LL1026	OMENTUM (HISTOLOGY)	297.00
228	LL8004	OTHER C/S	77.00
229	LL1037	OVARIAN CYST (HISTOLOGY)	407.00
230	L878	OXALATE 24 HOUR URINE	44.00
231	LL1007	PAP SMEAR	143.00
232	LL1039	PAPILLOMA (HISTOLOGY)	352.00
233	LL3015	PARATHYROID HORMONE	264.00
234	L490	PAUL BUNNEL	44.00
235	LL4027	PCV	15.40
236 237	LL3050	PCV	15.40
238	L4544	PERTUSIS IgG, IgM	286.00
239	LL2030	PHOSPHATE PHONIDAL TRACK (HISTOLOGY)	25.30
240	LL1048	PILONIDAL TRACK (HISTOLOGY) PLASMA FOR TRANSFUSION	352.00
241	LL5018 LL030	PLASMA PROTEINS	77.00
242	LL5000	PLATELET COUNT	33.00
243	LL3053	PLATELET COUNT	15.40
244	L4669	PNS	15.40
245	L035	POTASSIUM	99.00
246	LL3007	PREGNACY TEST SERUM	25.30
247	LL3007 LL3002	PREGNANCY TEST URINE	66.00
248	LL5002 LL5015	PRO-BNP	25.30
249	LL0010	PROGESTERONE	308.00
-		 	66.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
250	LL0006	PROLACTIN	66.00
251	L451	PROSTATE BIOPSY	341.00
252	LL4011	PROTEIN - (C)	220.00
253	LL4012	PROTEIN - (S)	220.00
254	L024	PROTEIN ELECTROPHORESIS	143.00
255	LL5008	PROTHROMBIN TIME	55.00
256	LL3072	PROTHROMBIN TIME /INR	44.00
257	LL5014	PSA	66.00
258	L0002	PUS FLUID	77.00
259	LL1025	PYOSALPINX (HISTOLOGY)	286.00
260	LL205	PYRUVATE KINASE LEVELS	550.00
261	L0014	RANDOM URINE SODIUM	27.50
262	L469	RAST (FOOD ALLERGY TEST)	429.00
263	LL3058	RBC INDICES	15.40
264	LL1017	RECTAL POLYP (HISTOLOGY)	286.00
265	L501	RETICULOCYTE COUNT	24.20
266	LL3008	RETROVIRAL LOAD	660.00
267	LL3005	RETROVIRAL TEST	18.70
268	L507	RHEUMATOID FACTOR (RF)	33.00
269	L5026	RPR / TPHA	165.00
270	LL3017	RUBELLA (1GG)	77.00
271	L481	RUBELLA 1gG	110.00
272	L482	RUBELLA IgM	110.00
273	LL1027	SALPINA (HISTOLOGY)	286.00
274	L101	SCHISTOSOMA ANTIBODIES	154.00
275	LL5004	SEMEN ANALYSES BASIC	66.00
276	LL9015	SEMEN C/S	66.00
277	L523	SERUM ACTH	110.00
278	LL2002	SERUM CHOLESTROL	25.30
279	LL2041	SERUM FOLATE	66.00
280 281	L0127	SERUM FREE HEAVY CHAINS	253.00
282	L0126	SERUM FREE LIGHT CHAIN	253.00
283	L0005 LL3010	SERUM LEAD LEVELS SERUM LEPTOSPIRA	275.00
284	L0015	SERUM OSMOLALITY	55.00
285	LL4003	SICKLING	44.00
286	L452	SKIN LESION	15.40
287	L453	SKIN LESION	352.00
288	LL1013	SKIN LESION (HISTOLOGY)	352.00
289	LL5009	SKIN SNIP / SCRAPPING	242.00
290	LL1033	SMALL INTESTINE (HISTOLOGY)	44.00
291	L466	SMOOTH MUSCLES ANTIBODIES	209.00
292	L034	SODIUM	137.50
293	LL1036	SPLEEN (HISTOLOGY)	25.30
294	LL9005	SPUTUM AFB CULTURE	407.00
295	LL8005	SPUTUM C/S	22.00 77.00
296	LL10002	SPUTUM CYTOLOGY	77.00 242.00
297	LL6004	SPUTUM RE	25.30
298	LAB066	STERILE DISPOSABLE DRAPE	253.00 253.00
			200.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
299	LL1035	STOMACH (HISTOLOGY)	
300	L605	STOOL C/S	407.00 77.00
301	L092	Stool Elastase	297.00
302	L606	STOOL OCCULT BLOOD	27.50
303	L601	STOOL R/E	15.40
304	L608	STOOL R/E & C/S	88.00
305	LL6008	STOOL R/E & C/S	77.00
306	LL1042	SUPRA ORBITAL LUMP (HISTOLGY)	286.00
307	L4670	T. M. JOINT	187.00
308	L033	T. Pallidium	77.00
309	LL1041	TAH + BSO (HISTOLOGY)	286.00
310	L0155	TB 1gM, 1gM	66.00
311	LL2038	TEGRETOL	77.00
312	LL0011	TESTOSTERONE	66.00
313	LL9011	THROAT SWAB C/S	66.00
314	L5028	THYROGLOBIN ANTIBODY	187.00
315	LL3023	THYROID ANTIBODIES	187.00
316	L330	THYROID FUNCTION TEST	165.00
317	LL1021	THYROID GLAND (HISTOLOGY)	286.00
318	LL1012	THYROID ISTHMUS (HISTOLOGY)	286.00
319	L103	TIBC	88.00
320	LL29	TISSUE TRANSGLUTAMINASE ENDOMYSIAL ISA	66.00
321	LL1031	TOTAL BREAST (HISTOLOGY)	341.00
322	L022	TOTAL PROTEIN /ALBUMIN	22.00
323	L403	TOXOPLASMA IgG	88.00
324	L418	TOXOPLASMA IgG & IgM	165.00
325	L404	TOXOPLASMA IgM	88.00
326	LL4036	TOXOPLASMA SCREEN	66.00
327	L106	ТРНА	242.00
328	LL4037	TRACOLIMUS	110.00
329	LL2049	TRANSFERRIN	66.00
330	LL2010	TRIGLYCERIDES	27.50
331	LL4009	TROPHOZOITE COUNT	44.00
332 333	LL2036	TROPONIN T	88.00
334	LL2048	TROPONIN I	88.00
335	L026	TSH TSH DECERTOR ANTIRODIES	66.00
336	L611	TSH RECEPTOR ANTIBODIES URATE	176.00
337	LL2029 LL0003	UREA /ELECTROLYTE (BUE)	24.20
338	LL8010	URETHRAL SMEAR (R/E & C/S)	44.00
339	LL6003	URETHRAL SMEAR (R/E)	88.00
340	LL2001	URIC ACID/URATE	22.00
341	LL8000	URINE C/S	25.30
342	L102	URINE CYTOLOGY	77.00
343	L107	URINE FOR PCR	242.00
344	L522	URINE FREE CORTISOL	506.00
345	L609	URINE KETONES SUGAR	660.00
346	LL2047	URINE MICRO ALBUMIN	19.80
347	L6777	URINE MYOGLOBIN	99.00 24.20
			24.20

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
348	L446	URINE OSMOLARITY	44.00
349	L0006	URINE PROTEIN	16.50
350	L610	URINE PROTEIN CREATININE RATIO	99.00
351	LL9014	URINE R/E & CULTURE/SENTIVITY	99.00
352	L484	URINE REDUCING SUBSTANCES	22.00
353	L600	URINE ROUTINE EXAM.	22.00
354	LL2040	URINE TOXICOLOGY SCREEN	550.00
355	L044	UROFLOWMETRY TEST (QMAX)	44.00
356	LL1032	UTERUS (HISTOLOGY)	341.00
357	LL3001	V.D.R.L	25.30
358	LL2015	V.M.A.	660.00
359	LL6002	VAGINAL SWAB (HVS) R/E	22.00
360	L480	VARICELLA	110.00
361	LL2037	VITAMIN B12	66.00
362	LL4001	W.B.C	15.40
363	LL2013	WESTERN BLOT	484.00
364	LL3000	WIDAL SCREEN	25.30
365	LL3025	WIDAL TITRE	44.00
366	LL9006	WOUNDS SWAB C/S	77.00
367	LL10003	WWC PAP SMEAR	143.00
368	LL10004	WWC R.B.S	15.40
000		11302 Lab Morgue	
369	M002	MORTUARY EMBALMENT	165.00
370	MRT01	MORTUARY FEES (PER DAY)	33.00
		11303 Lab Others	
371	LL3032	CARBAMAZEPINE LAB INVESTIGATION	77.00
372	LL2028	DIGOXIN	77.00
373	LL3035	PHENOBARBITOL	66.00
374	LL3033	PHENYTOIN	66.00
			00.00
		11304 Lab DNA	
375	L1002	DNA (ALLEGED ONE FATHER & THREE CHILDREN)	3,960.00
376	L1005	DNA (ALLEGED 1 FATHER 1 MOTHER & 1 CHILD)	3,080.00
377	L1006	DNA (ALLEGED 1 FATHER, 1 MOTHER & 2 CHILDREN)	3,520.00
378	L1000	DNA (ALLEGED ONE FATHER & ONE CHILD)	1,760.00
379	L1001	DNA (ALLEGED ONE FATHER & TWO CHILDREN)	2,640.00
380	L1003	DNA (ALLEGED TWO FATHERS & ONE CHILD)	3,520.00
381	L1004	DNA (SIBLINGSHIP DETERMINATION)	3,190.00

Please Note: Prices are valid for three (3) calender month.

	<u>CODE</u>	DESCRIPTION	CORP.
	B14 OUTP	ATIENT	<u>00111 .</u>
		11402 Dermatology Clinic	
382	OPD0016	CHEICAL PEELS	143.00
383	OPD0012	COMEDONE EXTRACTION	55.00
384	OPD0011	CRYOTHERAPY	66.00
385	DER01	DERMATOLOGY CONSULTATION	154.00
386	DER01R	DERMATOLOGY CONSULTATION REVIEW	18.70
387	T6001	DERMATOLOGY MICRO 1	44.00
388	T6002	DERMATOLOGY MICRO 2	66.00
389	T6003	DERMATOLOGY MICRO 3	143.00
390	T6004	DERMATOLOGY MICRO 4	275.00
391	T6005	DERMATOLOGY MICRO 5	352.00
392	OPD0014	INTRALESIONAL INJECTION (ACNE)	55.00
393	OPD0013	INTRALESIONAL INJECTION (KELOIDS)	88.00
394	OPD0015	PODOPHYLLIN APPLICATION	55.00
395	OPD0010	SKIN BIOPSY	165.00
396	OPD018	11403 Injection & Dressing 1/2 Strength D/S 250ml (4.3 dextrose in 1/2 normal Saline)	
397	DOC01	ADMISSION DOCUMENTATION (INITIAL)	8.80
398	WDS43	BETADINE / VASELINE DRESSING [ONE DAY] LARGE	27.50
399	WDS43	BETADINE / VASELINE DRESSING [ONE DAY] MEDUIM	99.00
400	WDS12	BETADINE / VASELINE DRESSING [ONE DAY] SMALL	66.00
401	WDS20	BETADINE / VASELINE DRESSING [WEEK]M1	55.00
402	WDS21	BETADINE / VASELINE DRESSING [WEEK]M2	385.00
403	WDS22	BETADINE / VASELINE DRESSING [WEEK]M3	407.00
404	WDS41	BETADINE DRESSING [ONE DAY] LARGE	506.00
405	WDS40	BETADINE DRESSING [ONE DAY] MEDIUM	55.00
406	WDS01	BETADINE DRESSING [ONE DAY] SMALL	33.00 23.10
407	WDS04	BETADINE DRESSING [ONE WEEK] LARGE	
408	WDS03	BETADINE DRESSING [ONE WEEK] MEDIUM	231.00 154.00
409	WDS02	BETADINE DRESSING [ONE WEEK] SMALL	99.00
410	OPD014	BLOOD PRESSURE CHECK	6.38
411	OPD036	CATHETERISATION	110.00
412	OPD017	Donperidone Supp. 10ml	3.52
413	ECG03	ECG	88.00
414	OPD300	EEG (ELECTROENCEPHALOGRAM)	440.00
415	CON03	EMERGENCY DETENTION	154.00
416	WDS24	FLAMAZINE /VASELINE DRESSING [WEEK] M1	253.00
417	WDS05	FLAMAZINE DRESSING [ONE DAY]	77.00
418	WDS06	FLAMAZINE DRESSING [ONE WEEK] M1	176.00
419	WDS07	FLAMAZINE DRESSING [ONE WEEK] M2	198.00
420	WDS08	FLAMAZINE DRESSING [ONE WEEK] M3	275.00
421	WDS25	FLAMAZINE VASELINE DRESSING [WEEK] M2	407.00
422	WDS26	FLAMAZINE VASELINE DRESSING [WEEK] M3	440.00
423	WDS23	FLAMAZINE/VASELINE DRESSING [ONE DAY]	99.00
424	OPD005	FORLEY S CATHERIZTION	88.00
425	OPD016	Giving Set	5.72
426	WDS31	HYDROFERA BLUE DRESSING (INTER)	55.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
427	WDS33	HYDROFERA BLUE DRESSING (MAJOR)	
428	WDS30	HYDROFERA BLUE DRESSING (MINOR)	88.00
429	WDS17	INCISION & DRAINING [M1]	30.80
430	WDS18	INCISION & DRAINING [M3]	176.00
431	IJ030	INFUSION DEXTROSE 50%	187.00 6.60
432	IJ021	INFUSION: CHOLERA REPLACEMENT FLUID (5: 4: 1)	18.70
433	IJ022	INFUSION: GIRF (GASTROINSTESTINAL REPLACEMENT FLUID)	18.70
434	IJ050	INJECTION ARTESUNATE 60MG	14.30
435	IJ015	INJECTION RINGER S LACTATE	18.70
436	IJ016	INJECTION ARTEMETHER 160	18.70
437	IJ009	INJECTION ARTEMETHER 20M	7.59
438	IJ010	INJECTION ARTEMETHER 80M	13.20
439	IJ051	INJECTION ARTESUNATE 120MG	20.90
440	IJ007	INJECTION BUSCOPAN 20mg	15.40
441	IJ011	INJECTION DESTROSE SALIINE	17.60
442	IJ019	INJECTION DEXTROSE 10%	10.12
443	IJ014	INJECTION DEXTROSE 5%	15.40
444	IJ005	INJECTION DICLOFENAC 75mg	17.60
445	IJ002	INJECTION HYDROCORTISON 100MG	13.20
446	IJ020	INJECTION HYDROCORTISON 200MG	15.40
447	IJ008	INJECTION LASIX 20MG	13.20
448	IJ026	INJECTION METOCLOPRAMIDE, 5 MG/ML IN 2ML	5.72
449	IJ003	INJECTION NORMAL SALINE 500MG	16.50
450	IJ018	INJECTION NOSPA 40MG	13.20
451	IJ023	INJECTION NOSPA 40MG	7.04
452	OPD02	INJECTION OR INFUSION WITH ACCESSORIES (EXCLUDING DRUGS)	7.59
453	IJ013	INJECTION PERTHIDINE 100MG/2M	19.80
454	IJ004	INJECTION PHENERGAN 25MG	13.20
455	IJ012	INJECTION PHENERGAN 50MG	18.70
456	IJ006	INJECTION TETANOL	18.70
457	IJ017	INJECTION TRAMADOL 100MG	15.40
458	IJ001	INJECTION VALIUM 10MG	18.70
459	IJ024	INJECTION: METOCLOPRAMIDE 5MG/ML IN 2ML	10.12
460	IJ025	INJECTION: PHENERGAN I25MG	2.86
461	NI006	INSERTION (CANULA G16 GREY)	13.20
462	IN005	INSERTION (CANULA G18 GREEN)	13.20
463	IN001	INSERTION (CANULA G20 PINK)	13.20
464	IN002	INSERTION (CANULA G22 BLUE)	13.20
465	IN003	INSERTION (CANULA G24 YELLOW)	13.20
466	IN004	INSERTION (VAGINAL SPECULUM)	18.70
467	IN007	INSERTION FOLEYS CATHETER OR CATHERIZATION	88.00
468	IN008	INSERTION NASAL PRONGS	23.10
469	IN017	INSERTION PF NG TUBE	88.00
470	OP014	LACERATION: MINOR 1 PROCEDURE	231.00
471 472	OP015	LACERATION: MINOR 2 PROCEDURE	352.00
	OP008	NASOGASTRIC TUBE	27.50
473 474	NB003	NEBULIZING (PULMICORT 1MG)	55.00
474 475	NB002	NEBULIZING (SALBUTAMOL 2.5MG OR PULMICORT 0.25MG)	27.50
4/5	NB001	NEBULIZING (SALBUTAMOL5MG OR PULMICORT 0.5MG)	44.00

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Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
476	OPD011	OUTPATIENT PROCEDURE MICRO 1	10.12
477	OPD012	OUTPATIENT PROCEDURE MICRO 3	17.60
478	OPD013	OUTPATIENT PROCEDURE MICRO 5	44.00
479	OP006	PAPER SPLINT LARGE SIZE	25.30
480	OP005	PAPER SPLINT MEDUIM SIZE	18.70
481	OP004	PAPER SPLINT SMALL SIZE	13.20
482	WDS28	REMOVAL OF FOREIGN BODY	154.00
483	OP011	STERILE COTTONWOOL PACK	10.12
484	OP010	STERILE GAUCE PACK	10.12
485	WDS13	SUTURED DRESSING [M1] FOR 1 WEEK	154.00
486	WDS14	SUTURED DRESSING [M2] FOR 1 WEEK	231.00
487	WDS15	SUTURED DRESSING [M3] FOR 1 WEEK	275.00
488	OP007	TRIANGULAR BANDAGE	13.20
489	OPD015	TRUCUT BIOPSY	198.00
490	OP012	TYLENOL 125MG, 250MG, 500MG, 1000GM	7.59
491	OP009	UNDER PAD	27.50
492	OPD019	URINE BAG (ADULT)	3.74
493	OPD020	URINE BAG (PAEDIATRIC)	1.54
494	WDS09	VASELINE GAUZE DRESSING [ONE DAY]	55.00
495	WDS10	VASELINE GAUZE DRESSING [ONE WEEK] M1	154.00
496	WDS11	VASELINE GAUZE DRESSING [ONE WEEK] M2	198.00
497	WDS12	VASELINE GAUZE DRESSING [ONE WEEK] M3	253.00
498	OP003	WOODEN SPLINT LARGE SIZE	55.00
499	OP002	WOODEN SPLINT MEDIUM SIZE	44.00
500	OP001	WOODEN SPLINT SMALL SIZE	27.50
		11404 ECG	
501	ECG04	E.C.G. REPORTING	33.00
502	ECG05	E.C.G. WARD WITH SPECIALIST REPORT	121.00
			121.00
500	E)/E04	11405 General Consultation	
503	EXE01	FAST TRACK CONSULTATION	231.00
504	EXE03	FAST TRACK SPEC.CONS	341.00
505	EXE03R	FAST TRACK SPEC.CONS (REVIEW)	33.00
506 507	CON01	GP CONSULTATION	77.00
508	CON02	GP CONSULTATION-NIGHT(8PM-5AM) GP PRIMARY CONSULTATION	88.00
509	CON05	GYNAE PRIMARY CONSULTATION	55.00
510	CON05 CON06	OBS PRIMARY CONSULTATION	137.50
511	CON08		99.00
512	DTN03	PHYSICIAN PRIMARY CONSULTATION PRIMARY DETENTION	154.00
513	ECG06	PRIMARY ECG	55.00
313	ECGOO	PRIMART ECG	66.00
		11406 Kidney Treatment	
514	OPD026	KIDNEY TREATMENT: ACUTE HEMODIALYSIS (HD)	550.00
515	OPD027	KIDNEY TREATMENT: CENTRAL LINE FOR DIALYSIS	990.00
516	OPD025	KIDNEY TREATMENT: CHRONIC HEMODIALYSIS (HD)	308.00
517	OPD024	KIDNEY TREATMENT: CHRONIC MEDICATION MANAGEMENT	308.00
518	OPD029	KIDNEY TREATMENT: NEPHROLOGY CONSULTATION	176.00
519	OPD028	KIDNEY TREATMENT: PERMINENT INSERTION OF CENTRAL LINE	1,870.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
520	OPD030	KIDNEY TREATMENT: TEMPORY INSERTION OF CENTRAL LINE	1,320.00
521	CON16	WARD CONSULTATION (KIDNEY TREATMENT)	198.00
522	CON17	WARD CONSULTATION (KIDNEY TREATMENT) FOLLOW-UP	99.00
523	CADOZ	11407 Cardio Clinic AMBULATORY /24 HOUR BLOOD PRESSURE MONITORING	
524	CAR07 CAR04	CARDIOLOGY CALL IN	418.00
525	CAR04 CAR05	ECHOCARDIOGRAPHY EXAMINATION	550.00
526	CAR06	HOLTER /24 HOUR ECG MONOTORING	341.00
527	CAR09	PULMONARY FUNCTION TEST / SPIROMETER	440.00
528	CAR10	SLEEP STUDY TAKE HOME TEST	308.00
			880.00
		11408 Medical Examination & Police Report	
529	MEX12	MEDICAL BOARD REPORTING	363.00
530	MEX02	MEDICAL REPORT (INSURANCE)	396.00
531	MEX01	MEDICAL REPORT (CLINICAL CARE)	198.00
532	MEX05	MEDICAL REPORT (EXTERNAL VISA ISSUES)	363.00
533	MEX04	MEDICAL REPORT (INTERNAL VISA / IMMIGRATION)	308.00
534	MEX08	MEDICAL REPORT (MEDICAL EXAMINATION)	198.00
535	MEX11	MEDICAL REPORT (PREGNANT WOMEN)	253.00
536	MEX09	MEDICAL REPORT (SCHOOLS IN GHANA)	110.00
537	MEX06	MEDICAL REPORT (SPECIALTY)	253.00
538	MEX10	MEDICAL REPORT (VISA-GHANA)	154.00
539	MEX03	POLICE REPORT	198.00
		11416 Clinical Psychology Clinic	
540	PSY35	ADOLECENT CRISIS MANAGEMENT	506.00
541	PSY16	ASSERTIVENESS TRAINING	110.00
542	PSY21	ATTENTION TRAINING	110.00
543	PSY23	AVERSION THERAPY	110.00
544	PSY06	BEHAVIOR ANALYSIS	143.00
545	PSY07	BEHAVIOUR MODIFICATION	110.00
546	PSY19	CBT FOR DYSFUNCTION	660.00
547	PSY18	CBT FOR MANAGEMENT	385.00
548	PSY34	CLINICAL PSYCHOLOGIST HOME CONSULTATION	385.00
549	PSY33	CLINICAL PSYCHOLOGIST HOME OBSERVATION	253.00
550	PSY08	COGNITIVE RESTRUCTURING	88.00
551 552	PSY14	COPING SKILLS TRAINING	110.00
552	PSY10	COUNSELLING	88.00
553 554	PSY13	COUPLE THERAPY	143.00
555	PSY20 PSY09	FAMILY-FOCUSED THERAPY LOSS & GRIEF COUNSELLING	110.00
556	PSY04	MENTAL IMAGERY RELAXATION	55.00
557	PSY17	PROGRESSIVE MUSCLES RELAXATION	88.00
558	PSY36	PSYCHO COMMUNICATION SKILLS TRAINING	88.00
559	PYS33	PSYCHO LIFE ADJUSTMENT	143.00
560	PSY38	PSYCHO PROBLEM SOLVING TECHNIQUES	110.00
561	PSY41	PSYCHO REPORTS (VISA)	110.00
562	PSY03	PSYCHO-ASSESSMENT	352.00 143.00
563	PSY02	PSYCHO-EDUCATION PSYCHOLEGIST AND ADMINISTRATION	88.00
			00.00

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Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.		
564	PSY301	PSYCHOLOGICAL SCREENING	440.00		
565	PSY39	PSYCHOLOGICAL SUPPORT	55.00		
566	PSY05	PSYCHOLOGICAL TESTING	143.00		
567	PSY32	PSYCHOLOGY WARD REVIEW	88.00		
568	PSY30	PSYCHO-REPORT (OTHERS)	253.00		
569	PSY31	PSYCHO-REPORT (SPECIAL SCHOOL)	143.00		
570	PSY45	PSYCHO-REPORT BRIEF	187.00		
571	PSY01	PSYCHO-THERAPY	88.00		
572	PSY40	PSYCO BREAKING BAD NOTES	55.00		
573	PSY15	SOCIAL SKILLS TRAINING	110.00		
574	PSY12	STRESS INOCULATION	143.00		
575	PSY37	STRESS MANAGEMENT (PACKAGE)	352.00		
576	PSY11	SYSTEMATIC DESENSITIZATION	88.00		
577	PSY22	THOUGHT STOPPING	88.00		
		A4407			
578	PAE03	11427 Paediatric Clinic PAEDIATRIC SURGEON			
070	FAL03	FALDIATRIC SURGEON	23.10		
		11432 Sports Clinic			
579	OPD103	SPORTS & EXERCISE [MAX PK] CONS.	1,980.00		
580	OPD102	SPORTS & EXERCISE [MED PK] CONS.	1,430.00		
581	OPD101	SPORTS & EXERCISE [MIN PK] CONS.	660.00		
582	OPD100	SPORTS & EXERCISE MEDICINE CONSULTATION	154.00		
583	DOC03	11433 OPD Others			
584	OPD050	ADMISSION DOCUMENTATION (SUBS) ANNUAL MEDICAL CONSULTATION	14.30		
585	ASMA	ASTHMA CONSULTATION	407.00		
586	CAR01	CARDIO CONSULTATION	110.00		
587	CPR01	CLINICAL PSYCHOLOGIST REVIEW	154.00		
588	PSO01	CLINICAL PSYCHOLOGIST SCHOOL OBSERVATION	99.00		
589	CP001	CLINICAL PSYCHOLOGY CONSULTATION	209.00		
590	DER05	DEMATOLOGY SP. CALL-IN	132.00		
591	DIB01	DIABETIC CONSULTATION	880.00		
592	DIE01	DIETETIC CONSULTATION	154.00		
593	DIE04	DIETETIC FOLLOW UP CONSULTATION	143.00		
594	DIE03	DIETETIC PRIMARY CONSULTATION	66.00 88.00		
595	DIE05	DIETETIC PRIMARY FOLLOW UP CONSULTATION	44.00		
596	FPC	FAMILY PLANNING CLINIC	27.50		
597	GYN01	GYNAE CONSULTATION	154.00		
598	CON13	HAEMATOLOGIST CONSULTATION	154.00		
599	REG04	INSURANCE REGISTRATION	1,210.00		
600	LOSTC	LOST CARD	16.50		
601	OPD006	MEDICAL EXAMINATION - QUICK CHECK	231.00		
602	NEU01	NEUROSURGERY CONSULTATION.	154.00		
603	OBS01	OBSTETRICS CONSULTATION	132.00		
604	OBS01R	OBSTETRICS CONSULTATION REVIEW			
605	DOCI	OPD DOCUMENTATION	66.00 1.43		
606	DOC02	OPD DOCUMENTATION (INITIAL/REINSTATE)			
607	DOC04	OPD DOCUMENTATION (SUBS)	7.04 5.72		
			- -		

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
608	ORT01	ORTHOPAEDIC CONSULTATION	154.00
609	PAE01	PAEDIATRIC CONSULTATION	154.00
610	PHS01	PHYSICIAN CONSULTATION	154.00
611	PHS05	PHYSICIAN SP. CALL-IN	990.00
612	PHS03	PHYSICIAN SP.WARD WEEKLY CONS	187.00
613	SUR02	PLASTIC SURGERY CONSULTATION	154.00
614	REG03	REGISTRATION (PATIENT)	24.20
615	RHE01	RHEUMATOLOGY CONSULTATION	154.00
616	CON07	SPECIALIST CONSULTATION	154.00
617	DIB02	SPECIALIST DIABETIC CONSULTATION	154.00
618	SUR01	SURGICAL CONSULTATION	154.00
619	URO01	UROLOGIST CONSULTATION	154.00
620	VCT01	VCT	16.50
621	WRC01	WEIGHT MANAGEMENT CLINIC	110.00
622	WWC01	WELLNESS FOR WOMAN CLINIC CONSULTATION	154.00
623	WWP01	WELLNESS FOR WOMAN PLUS CONSULTATION	506.00

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Please Note: Prices are valid for three (3) calender month.

CODE DESCRIPTION CORP.

B15 PHARMACY

11501 Drug Income

624 0510150 Dextrose 4.3/018 Saline Infusion 5.72

Please Note: Prices are valid for three (3) calender month.

	COD	<u>E</u> <u>DESCRIPTION</u>	CORP.
	B16 TI	HEATRE	CONF.
		11601 Anaesthetic Charges	
625	TH010	ANAESTHESIA FOR CT SCAN	242.00
626	ANS21	ANAESTHETIC COMPLEX MAJOR 1	1,980.00
627	ANS22	ANAESTHETIC COMPLEX MAJOR 2	2,420.00
628	ANS23	ANAESTHETIC COMPLEX MAJOR 3	2,750.00
629	ANS24	ANAESTHETIC COMPLEX MAJOR 4	3,080.00
630	ANS28	ANAESTHETIC COMPLEX MAJOR 5	3,850.00
631	ANS25	ANAESTHETIC COMPLEX MAJOR 5	3,850.00
632	ANS00	ANAESTHETIC CONSULTATION	143.00
633	ANS06	ANAESTHETIC INTER 1	319.00
634	ANS07	ANAESTHETIC INTER 2	374.00
635	ANS08	ANAESTHETIC INTER 3	440.00
636	ANS09	ANAESTHETIC INTER 4	506.00
637	ANS10	ANAESTHETIC INTER 5	572.00
638	ANS11	ANAESTHETIC MAJOR 1	660.00
639	ANS12	ANAESTHETIC MAJOR 2	748.00
640	ANS13	ANAESTHETIC MAJOR 3	836.00
641	ANS14	ANAESTHETIC MAJOR 4	902.00
642	ANS15	ANAESTHETIC MAJOR 5	990.00
643	ANS16	ANAESTHETIC MAJOR PLUS 1	1,100.00
644	ANS17	ANAESTHETIC MAJOR PLUS 2	1,320.00
645	ANS18	ANAESTHETIC MAJOR PLUS 3	1,430.00
646	ANS19	ANAESTHETIC MAJOR PLUS 4	1,650.00
647	ANS20	ANAESTHETIC MAJOR PLUS 5	1,760.00
648	ANS01	ANAESTHETIC MINOR 1	143.00
649	ANS02	ANAESTHETIC MINOR 2	165.00
650	ANS03	ANAESTHETIC MINOR 3	198.00
651	ANS04	ANAESTHETIC MINOR 4	231.00
652	ANS05	ANAESTHETIC MINOR 5	264.00
653	ANS26	APS (ACUTE PAIN SERVICE)	77.00
654	ANS40	EPIDURAL /SPINAL LABOUR ANALGESIA SERVICE	198.00
655	ANS99	NO ANAESTHESIA	0.00
		4400	
656	CIR01	11602 Surgery CIRCUMCISION (MINOR 1)	
657	T202	CIRCUMCISION (MINOR 1)	154.00
658	END02	COLONOSCOPY (MINOR 4)	198.00
659	T2021	DENTAL COMPLEX MAJOR 1 SURGERY	440.00
660	T2022	DENTAL COMPLEX MAJOR 2 SURGERY	5,280.00
661	T2023	DENTAL COMPLEX MAJOR 3 SURGERY	7,150.00
662	T2024	DENTAL COMPLEX MAJOR 4 SURGERY	8,910.00
663	T2025	DENTAL COMPLEX MAJOR 5 SURGERY	10,670.00
664	T2006	DENTAL INTER 1 SURGERY	12,430.00
665	T2007	DENTAL INTER 2 SURGERY	660.00
666	T2007	DENTAL INTER 3 SURGERY	770.00
667	T2009	DENTAL INTER 4 SURGERY	770.00
668	T2009	DENTAL INTER 5 SURGERY	880.00
669	T2011	DENTAL MAJOR 1 SURGERY	990.00
	0.1		1,100.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	
070	<u> </u>		CORP.
670	T2012	DENTAL MAJOR 2 SURGERY	1,210.00
671	T2013	DENTAL MAJOR 3 SURGERY	1,430.00
672	T2014	DENTAL MAJOR 4 SURGERY	1,650.00
673 674	T2015	DENTAL MAJOR 5 SURGERY	1,760.00
675	T2016	DENTAL MAJOR PLUS 1 SURGERY	1,980.00
676	T2017 T2018	DENTAL MAJOR PLUS 2 SURGERY	2,310.00
677	T2016	DENTAL MAJOR PLUS 3 SURGERY DENTAL MAJOR PLUS 4 SURGERY	2,860.00
678	T2019	DENTAL MAJOR PLUS 5 SURGERY	3,300.00
679	T2020	DENTAL MINOR 1 SURGERY	4,400.00
680	T2001	DENTAL MINOR 2 SURGERY	319.00
681	T2002	DENTAL MINOR 3 SURGERY	352.00
682	T2003	DENTAL MINOR 4 SURGERY	429.00
683	T200 4	DENTAL MINOR 5 SURGERY	495.00
684	OTI02	DYNAMIC HIP SCREW	550.00
685	END01	ENDOSCOPY (UPPER GI)	880.00
686	END04	ENDOSCOPY (UPPER GI) EMERGENCY	330.00
687	END12	ENDOSCOPY + VARISION BAND LIGATION	440.00
688	T755	ENT COMPLEX MAJOR 1 OPERATION	385.00
689	T688	ENT COMPLEX MAJOR 2 OPERATION	8,800.00
690	T788	ENT COMPLEX MAJOR 3 OPERATION	9,240.00
691	T799	ENT COMPLEX MAJOR 4 OPERATION	9,790.00
692	T798	ENT COMPLEX MAJOR 5 OPERATION	10,010.00
693	T704	ENT INTERMEDIATE 1	11,000.00 1,430.00
694	T705	ENT INTERMEDIATE 2	1,760.00
695	T706	ENT INTERMEDIATE 3	1,980.00
696	T711	ENT INTERMEDIATE 4	2,090.00
697	T712	ENT INTERMEDIATE 5	2,200.00
698	T726	ENT MAJOR 1	2,640.00
699	T727	ENT MAJOR 2	2,750.00
700	T728	ENT MAJOR 3	2,860.00
701	T729	ENT MAJOR 4	3,190.00
702	T730	ENT MAJOR 5	3,520.00
703	T750	ENT MAJOR PLUS 1 OPERATION	4,400.00
704	T751	ENT MAJOR PLUS 2 OPERATION	4,730.00
705	T752	ENT MAJOR PLUS 3 OPERATION	5,280.00
706	T753	ENT MAJOR PLUS 4 OPERATION	5,830.00
707	T754	ENT MAJOR PLUS 5 OPERATION	6,600.00
708	T8001	ENT MICRO 1	209.00
709	T8002	ENT MICRO 2	352.00
710	T8003	ENT MICRO 3	484.00
711	T8004	ENT MICRO 4	660.00
712	T8005	ENT MICRO 5	770.00
713	T700	ENT MINOR 1	880.00
714	T707	ENT MINOR 2	770.00
715	T708	ENT MINOR 3	770.00
716	T709	ENT MINOR 4	880.00
717	T710	ENT MINOR 5	1,100.00
718	END06	FLEXIBLE SIGMIODOSCOPY	429.00
	4 4 10 7 11	2012	

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Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CODD
719	T031	GENERAL COMPLEX MAJOR OPERATION 1	CORP.
720	T032	GENERAL COMPLEX MAJOR OPERATION 2	2,640.00
721	T033	GENERAL COMPLEX MAJOR OPERATION 3	2,860.00
722	T034	GENERAL COMPLEX MAJOR OPERATION 4	3,300.00
723	T035	GENERAL COMPLEX MAJOR OPERATION 5	3,740.00
724	T016	GENERAL INTER 1 SURGERY	4,400.00 550.00
725	T017	GENERAL INTER 2 SURGERY	660.00
726	T018	GENERAL INTER 3 SURGERY	715.00
727	T019	GENERAL INTER 4 SURGERY	770.00
728	T020	GENERAL INTER 5 SURGERY	825.00
729	T021	GENERAL MAJOR 1 SURGERY	880.00
730	T022	GENERAL MAJOR 2 SURGERY	990.00
731	T023	GENERAL MAJOR 3 SURGERY	1,100.00
732	T024	GENERAL MAJOR 4 SURGERY	1,210.00
733	T025	GENERAL MAJOR 5 SURGERY	1,320.00
734	T026	GENERAL MAJOR1 PLUS SURGERY	1,430.00
735	T027	GENERAL MAJOR2 PLUS SURGERY	1,540.00
736	T028	GENERAL MAJOR3 PLUS SURGERY	1,870.00
737	T029	GENERAL MAJOR4 PLUS SURGERY	2,090.00
738	T030	GENERAL MAJOR5 PLUS SURGERY	2,420.00
739	T011	GENERAL MINOR 1 SURGERY	275.00
740	T012	GENERAL MINOR 2 SURGERY	319.00
741	T013	GENERAL MINOR 3 SURGERY	374.00
742	T014	GENERAL MINOR 4 SURGERY	418.00
743	T015	GENERAL MINOR 5 SURGERY	473.00
744	T5841	LAPAROSCOPY COMPLEX MAJOR 1 SURGERY	4,400.00
745	T5842	LAPAROSCOPY COMPLEX MAJOR 2 SURGERY	5,060.00
746	T5843	LAPAROSCOPY COMPLEX MAJOR 3 SURGERY	5,720.00
747	T5844	LAPAROSCOPY COMPLEX MAJOR 4 SURGERY	6,600.00
748	T5845	LAPAROSCOPY COMPLEX MAJOR 5 SURGERY	7,700.00
749	T5826	LAPAROSCOPY INTER 1 SURGERY	550.00
750 751	T5827	LAPAROSCOPY INTER 2 SURGERY	660.00
751 752	T5828	LAPAROSCOPY INTER 3 SURGERY	770.00
753	T5829	LAPAROSCOPY INTER 4 SURGERY LAPAROSCOPY INTER 5 SURGERY	880.00
754	T5830 T5831	LAPAROSCOPY MAJOR 1 SURGERY	1,100.00
755	T5832	LAPAROSCOPY MAJOR 2 SURGERY	1,320.00
756	T5833	LAPAROSCOPY MAJOR 3 SURGERY	1,540.00
757	T5834	LAPAROSCOPY MAJOR 4 SURGERY	1,760.00
758	T5835	LAPAROSCOPY MAJOR 5 SURGERY	1,980.00
759	T5836	LAPAROSCOPY MAJOR PLUS 1 SURGERY	2,200.00
760	T5837	LAPAROSCOPY MAJOR PLUS 2 SURGERY	2,420.00
761	T5838	LAPAROSCOPY MAJOR PLUS 3 SURGERY	2,750.00
762	T5839	LAPAROSCOPY MAJOR PLUS 4 SURGERY	3,080.00
763	T5840	LAPAROSCOPY MAJOR PLUS 5 SURGERY	3,520.00 3,960.00
764	T5821	LAPAROSCOPY MINOR 1 SURGERY	220.00
765	T5822	LAPAROSCOPY MINOR 2 SURGERY	275.00
766	T5823	LAPAROSCOPY MINOR 3 SURGERY	330.00
767	T5824	LAPAROSCOPY MINOR 4 SURGERY	385.00
	44/07/	700.40	222.30

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	COPP
768	T5825	LAPAROSCOPY MINOR 5 SURGERY	CORP.
769	T690	NEURO COMPLEX MAJOR 1 OPERATION	440.00
770	T691	NEURO COMPLEX MAJOR 2 OPERATION	7,260.00
771	T877	NEURO COMPLEX MAJOR 3 OPERATION	9,240.00
772	T757	NEURO COMPLEX MAJOR 4 OPERATION	11,220.00
773	T878	NEURO COMPLEX MAJOR 5 OPERATION	13,200.00 15,840.00
774	T867	NEURO INTER 1 OPERATION	2,090.00
775	T868	NEURO INTER 2 OPERATION	2,530.00
776	T869	NEURO INTER 3 OPERATION	3,080.00
777	T870	NEURO INTER 4 OPERATION	3,520.00
778	T871	NEURO INTER 5 OPERATION	5,060.00
779	T872	NEURO MAJOR 1 OPERATION	4,510.00
780	T873	NEURO MAJOR 2 OPERATION	6,050.00
781	T874	NEURO MAJOR 3 OPERATION	5,390.00
782	T875	NEURO MAJOR 4 OPERATION	5,940.00
783	T876	NEURO MAJOR 5 OPERATION	5,940.00
784	T880	NEURO MAJOR PLUS 1 OPERATION	5,500.00
785	T881	NEURO MAJOR PLUS 2 OPERATION	6,600.00
786	T882	NEURO MAJOR PLUS 3 OPERATION	7,700.00
787	T883	NEURO MAJOR PLUS 4 OPERATION	8,800.00
788	T884	NEURO MAJOR PLUS 5 OPERATION	8,250.00
789	T661	NEURO MINOR 1 SURGERY	319.00
790	T863	NEURO MINOR 2 OPERATION	528.00
791	T864	NEURO MINOR 3 OPERATION	770.00
792	T865	NEURO MINOR 4 OPERATION	1,210.00
793	T866	NEURO MINOR 5 OPERATION	1,540.00
794	T480	OBS AND GYNE COMPLEX MAJOR 5	5,830.00
795	T036	OBS AND GYNE COMPLEX MAJOR1	2,860.00
796	T477	OBS AND GYNE COMPLEX MAJOR2	3,740.00
797	T478	OBS AND GYNE COMPLEX MAJOR3	4,400.00
798	T479	OBS AND GYNE COMPLEX MAJOR4	5,280.00
799	T663	OBS AND GYNE INTER 1 SURGERY	550.00
800	T674	OBS AND GYNE INTER 2 SURGERY	660.00
801	T766	OBS AND GYNE INTER 3 SURGERY	770.00
802	T765	OBS AND GYNE INTER 4 SURGERY	770.00
803	T679	OBS AND GYNE INTER 5 SURGERY	880.00
804	T778	OBS AND GYNE MAJOR 1 SURGERY	990.00
805 806	T779	OBS AND GYNE MAJOR 2 SURGERY	1,100.00
807	T780	OBS AND GYNE MAJOR 3 SURGERY	1,210.00
808	T781	OBS AND CYNE MAJOR & SURGERY	1,320.00
809	T782 T783	OBS AND GYNE MAJOR 5 SURGERY OBS AND GYNE MAJOR1 PLUS SURGERY	1,430.00
810	T784	OBS AND GYNE MAJORY PLUS SURGERY	1,540.00
811	T785	OBS AND GYNE MAJOR2 PLUS SURGERY OBS AND GYNE MAJOR3 PLUS SURGERY	1,540.00
812	T789	OBS AND GYNE MAJORS PLUS SURGERY OBS AND GYNE MAJOR4 PLUS SURGERY	1,760.00
813	T786	OBS AND GYNE MAJOR4 PLUS SURGERY	1,980.00
814	T671	OBS AND GYNE MINOR 1 SURGERY	2,420.00
815	T662	OBS AND GYNE MINOR 1 SURGERY	286.00
816	T657	OBS AND GYNE MINOR 3 SURGERY	341.00
	*		484.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
817	T658	OBS AND GYNE MINOR 4 SURGERY	550.00
818	T659	OBS AND GYNE MINOR 5 SURGERY	528.00
819	T776	ORTHOPEDIC COMPLEX MAJOR 1 OPERATION	9,240.00
820	T777	ORTHOPEDIC COMPLEX MAJOR 2 OPERATION	11,880.00
821	T0400	ORTHOPEDIC COMPLEX MAJOR 3 OPERATION	14,520.00
822	T0401	ORTHOPEDIC COMPLEX MAJOR 4 OPERATION	17,160.00
823	T0402	ORTHOPEDIC COMPLEX MAJOR 5 OPERATION	19,800.00
824	T356	ORTHOPEDIC INTER 1 SURGERY	682.00
825	T357	ORTHOPEDIC INTER 2 SURGERY	770.00
826	T0435	ORTHOPEDIC INTER 3 SURGERY	880.00
827	T0393	ORTHOPEDIC INTER 4 SURGERY	1,100.00
828	T566	ORTHOPEDIC INTER 5 SURGERY	1,320.00
829	T0390	ORTHOPEDIC MAJOR 1 SURGERY	1,540.00
830	T0391	ORTHOPEDIC MAJOR 2 SURGERY	1,870.00
831	T0394	ORTHOPEDIC MAJOR 3 SURGERY	2,090.00
832	T378	ORTHOPEDIC MAJOR 4 SURGERY	2,530.00
833	T0389	ORTHOPEDIC MAJOR 5 SURGERY	2,860.00
834	T0395	ORTHOPEDIC MAJOR PLUS 1 OPERATION	3,740.00
835	T0396	ORTHOPEDIC MAJOR PLUS 2 OPERATION	4,510.00
836	T0397	ORTHOPEDIC MAJOR PLUS 3 OPERATION	5,280.00
837	T0398	ORTHOPEDIC MAJOR PLUS 4 OPERATION	6,600.00
838	T0399	ORTHOPEDIC MAJOR PLUS 5 OPERATION	7,920.00
839	T351	ORTHOPEDIC MINOR 1 SURGERY	330.00
840	T352	ORTHOPEDIC MINOR 2 SURGERY	396.00
841	T353	ORTHOPEDIC MINOR 3 SURGERY	462.00
842	T354	ORTHOPEDIC MINOR 4 SURGERY	528.00
843	T355	ORTHOPEDIC MINOR 5 SURGERY	594.00
844	T075	PAEDIA COMPLEX MAJOR 1 OPERATION	2,200.00
845	T076	PAEDIA COMPLEX MAJOR 2 OPERATION	2,420.00
846	T077	PAEDIA COMPLEX MAJOR 3 OPERATION 1	2,640.00
847	T078	PAEDIA COMPLEX MAJOR 4 OPERATION 1	2,970.00
848	T079	PAEDIA COMPLEX MAJOR 5 OPERATION 1	3,300.00
849	T042	PAEDIA INTER 1 SURGERY	495.00
850	T043	PAEDIA INTER 2 SURGERY	550.00
851	T044	PAEDIA INTER 3 SURGERY	605.00
852	T045	PAEDIA INTER 4 SURGERY	660.00
853	T046	PAEDIA INTER 5 SURGERY	715.00
854	T047	PAEDIA MAJOR 1 SURGERY	770.00
855	T048	PAEDIA MAJOR 2 SURGERY	825.00
856	T049	PAEDIA MAJOR 3 SURGERY	880.00
857	T068	PAEDIA MAJOR 4 SURGERY	990.00
858	T069	PAEDIA MAJOR 5 SURGERY	1,100.00
859	T070	PAEDIA MAJOR PLUS 1 SURGERY	1,210.00
860	T071	PAEDIA MAJOR PLUS 2 SURGERY	1,320.00
861	T072	PAEDIA MAJOR PLUS 3 SURGERY	1,430.00
862	T073	PAEDIA MAJOR PLUS 4 SURGERY	1,650.00
863	T074	PAEDIA MAJOR PLUS 5 SURGERY	1,870.00
864	T037	PAEDIA MINOR 1 SURGERY	242.00
865	T038	PAEDIA MINOR 2 SURGERY	286.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
866	T039	PAEDIA MINOR 3 SURGERY	
867	T040	PAEDIA MINOR 4 SURGERY	330.00
868	T041	PAEDIA MINOR 5 SURGERY	374.00
869	T350	PEDIATRIC TRANSCUTANEOUS SHUNT FLOW MONITORING	418.00
870	T108	PLASTIC COMPLEX MAJOR 1 OPERATION	2,640.00
871	T110	PLASTIC COMPLEX MAJOR 2 OPERATION	5,830.00 7,150.00
872	T111	PLASTIC COMPLEX MAJOR 3 OPERATION	7,700.00
873	T112	PLASTIC COMPLEX MAJOR 4 OPERATION	8,030.00
874	T113	PLASTIC COMPLEX MAJOR 5 OPERATION	9,240.00
875	T085	PLASTIC INTER 1 SURGERY	990.00
876	T086	PLASTIC INTER 2 SURGERY	1,210.00
877	T087	PLASTIC INTER 3 SURGERY	1,320.00
878	T088	PLASTIC INTER 4 SURGERY	1,430.00
879	T089	PLASTIC INTER 5 SURGERY	1,540.00
880	T090	PLASTIC MAJOR 1 SURGERY	1,870.00
881	T091	PLASTIC MAJOR 2 SURGERY	2,090.00
882	T092	PLASTIC MAJOR 3 SURGERY	2,310.00
883	T093	PLASTIC MAJOR 4 SURGERY	2,420.00
884	T094	PLASTIC MAJOR 5 SURGERY	2,750.00
885	T095	PLASTIC MAJOR PLUS 1 SURGERY	3,190.00
886	T096	PLASTIC MAJOR PLUS 2 SURGERY	3,630.00
887	T097	PLASTIC MAJOR PLUS 3 SURGERY	4,070.00
888	T098	PLASTIC MAJOR PLUS 4 SURGERY	4,620.00
889	T099	PLASTIC MAJOR PLUS 5 SURGERY	4,950.00
890	T080	PLASTIC MINOR 1 SURGERY	341.00
891	T081	PLASTIC MINOR 2 SURGERY	462.00
892	T082	PLASTIC MINOR 3 SURGERY	550.00
893	T083	PLASTIC MINOR 4 SURGERY	770.00
894	T084	PLASTIC MINOR 5 SURGERY	770.00
895	T449	PRIMARY MINOR 1 SURGERY	143.00
896	T201	REFASHIONING CIRCUMCISION	154.00
897	T0020	RIGID SCOPE EXIMINATION	66.00
898	END03	SIGMOIDOSCOPY (MINOR 2)	231.00
899	T670	TUMOUR MARKERS ESTR/PROG	187.00
900	T256	UROLOGY INTER 1 SURGERY	506.00
901	T257	UROLOGY INTER 2 SURGERY	594.00
902	T258	UROLOGY INTER 3 SURGERY	682.00
903	T259	UROLOGY INTER 4 SURGERY	770.00
904	T260	UROLOGY INTER 5 SURGERY	880.00
905	T261	UROLOGY MAJOR 1 SURGERY	990.00
906 907	T262	UROLOGY MAJOR 2 SURGERY	1,100.00
908	T263	UROLOGY MAJOR 4 SURGERY	1,210.00
909	T264	UROLOGY MAJOR 4 SURGERY	1,320.00
910	T265	UROLOGY MAJOR 5 SURGERY	1,540.00
910	T344 T345	UROLOGY MAJOR PLUS 1 SURGERY UROLOGY MAJOR PLUS 2 SURGERY	1,760.00
911	T345	UROLOGY MAJOR PLUS 2 SURGERY UROLOGY MAJOR PLUS 3 SURGERY	1,980.00
912	T346	UROLOGY MAJOR PLUS 3 SURGERY UROLOGY MAJOR PLUS 4 SURGERY	2,200.00
914	T348	UROLOGY MAJOR PLUS 4 SURGERY UROLOGY MAJOR PLUS 5 SURGERY	2,420.00
J 1-	1070	ONOLOGI MINUONI LUO J JUNGLINI	2,640.00

Please Note: Prices are valid for three (3) calender month.

1515 T251		CODE	DESCRIPTION	CORP.
916 1282 UROLOGY MINOR 2 SURGERY 350.00 917 7283 UROLOGY MINOR 3 SURGERY 350.00 918 7254 UROLOGY MINOR 3 SURGERY 440.00 920 7255 UROLOGYCOMPLEX MAJOR 1 OPERATION 3,080.00 921 72201 UROLOGYCOMPLEX MAJOR 2 OPERATION 3,980.00 922 72203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,610.00 924 72204 UROLOGYCOMPLEX MAJOR 4 OPERATION 4,610.00 924 72203 UROLOGYCOMPLEX MAJOR 5 OPERATION 4,610.00 924 72204 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,080.00 925 7000 MUTO CLAVE SERVICE - BIG PACK 44.00 926 7058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 7059 AUTO CLAVE SERVICE - BIG PACK 44.00 928 7050 AUTO CLAVE SERVICE - BIG PACK 44.00 929 1050 AUTO CLAVE SERVICE - BIG PACK 42.20 928 7059 AUTO CLAVE SERVICE - BIG PACK 42.20 928	915	T251	UROLOGY MINOR 1 SURGERY	· <u></u>
917 T253 UROLOGY MINOR 4 SURGERY 396,00 918 T254 UROLOGY MINOR 4 SURGERY 40,00 920 T2201 UROLOGYCOMPLEX MAJOR 1 OPERATION 3,080,00 921 T2201 UROLOGYCOMPLEX MAJOR 2 OPERATION 3,520,00 922 T2203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,510,00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,000,00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,000,00 925 T000057 ALTOCLAVE SERVICE - BIG PACK 44,00 926 T0569 AUTO CLAVE SERVICE - MEDIUM PACK 42,20 928 T0569 AUTO CLAVE SERVICE - SMALL PACK 13,20 929 T057 AUTOCLAVING (MAJOR) 99,00 931 T056 AUTOCLAVING (MAJOR) 88,00 932 T057 AUTOCLAVING (MAJOR) 88,00 933 T054 AUTOCLAVING (MAJOR) 66,00 934 T14001 CAMERA SHIELD 22,10 935 T056 AUTOCLAVING (MINOR) </td <td>916</td> <td>T252</td> <td>UROLOGY MINOR 2 SURGERY</td> <td></td>	916	T252	UROLOGY MINOR 2 SURGERY	
918 T254 UROLOGY MINOR 5 SURGERY 440.00 919 T255 UROLOGY MINOR 5 SURGERY 440.00 921 T2501 UROLOGYCOMPLEX MAJOR 1 OPERATION 3,080.00 921 T2202 UROLOGYCOMPLEX MAJOR 2 OPERATION 3,680.00 922 T2203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,510.00 924 T2205 UROLOGYCOMPLEX MAJOR 4 OPERATION 5,660.00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,660.00 925 T000057 ALLOGRAPHT 550.00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - MEDIUM PACK 24.20 928 T060 AUTO CLAVE SERVICE - SMALL PACK 13.20 929 T057 AUTOCLAVING (COMPLEX MAJOR) 99.00 930 T054 AUTOCLAVING (COMPLEX MAJOR) 88.00 931 T056 AUTOCLAVING (MAJOR PLUS) 88.00 932 T058 AUTOCLAVING (MAJOR PLUS) 88.00 933 T058 <td< td=""><td>917</td><td>T253</td><td>UROLOGY MINOR 3 SURGERY</td><td></td></td<>	917	T253	UROLOGY MINOR 3 SURGERY	
919 T255 UROLOGY MINOR 5 SURGERY 440.00 920 T2201 UROLOGYCOMPLEX MAJOR 1 OPERATION 3,880.00 921 T2202 UROLOGYCOMPLEX MAJOR 2 OPERATION 3,290.00 922 T2203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,510.00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,080.00 1603 Theatre Inputs 925 T000057 ALIOGRAPH 550.00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - BIG PACK 42.20 928 T0600 AUTO CLAVE SERVICE - MEDIUM PACK 42.20 929 T057 AUTOCLAVING (COMPLEX MAJOR) 99.00 930 T054 AUTOCLAVING (MAJOR) 88.00 931 T056 AUTOCLAVING (MAJOR) 88.00 932 T055 AUTOCLAVING (MAJOR) 20.00 933 T053 AUTOCLAVING (MINOR) 20.00 934 T14001 CAMERA SHIELD 23.10 935	918	T254	UROLOGY MINOR 4 SURGERY	
920 T2201 UROLOGYCOMPLEX MAJOR 1 OPERATION 3,880,00 921 T2202 UROLOGYCOMPLEX MAJOR 3 OPERATION 3,280,00 922 T2203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,510,00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,000,00 11693 Theatre Inputs 925 T050057 ALLOGRAPHT 550,00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44,00 927 T059 AUTO CLAVE SERVICE - MEDIUM PACK 42,20 928 T060 AUTO CLAVE SERVICE - SMALL PACK 13,20 929 T057 AUTOCLAVING (INDR) 90,00 930 T054 AUTOCLAVING (INDR) 80,00 931 T056 AUTOCLAVING (INJOR) 80,00 932 T055 AUTOCLAVING (INJOR) 40,00 934 THO01 CAMERA SHIELD 22,00 935 EX5665 CARBON DIOXIDE INSUFFLATION 22,00 936 EX5665 CARBON DIOXIDE INSUFFLATION 10,670,00	919	T255	UROLOGY MINOR 5 SURGERY	
12202	920	T2201	UROLOGYCOMPLEX MAJOR 1 OPERATION	
922 T2203 UROLOGYCOMPLEX MAJOR 3 OPERATION 4,510.00 923 T2204 UROLOGYCOMPLEX MAJOR 5 OPERATION 4,510.00 924 T2205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,060.00 T1603 Theatre inputs 925 T000097 ALLOGRAPHT 550.00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - SMALL PACK 13.20 928 T060 AUTO CLAVE SERVICE - SMALL PACK 13.20 930 T054 AUTOCLAVING (COMPLEX MAJOR) 99.00 931 T056 AUTOCLAVING (MAJOR) 88.00 932 T055 AUTOCLAVING (MAJOR) 44.00 933 T053 AUTOCLAVING (MAJOR) 44.00 934 TH001 CARERA SHIELD 22.00 935 EX5686 CARBON DIOXIDE INSUFFLATION 22.00 936 T7002 FIBRE GLASS 101.20 937 T8891 IMPLANT INTER 566.00 940 T00	921	T2202	UROLOGYCOMPLEX MAJOR 2 OPERATION	
12204 12205 UROLOGYCOMPLEX MAJOR 5 OPERATION 5,080.00	922	T2203	UROLOGYCOMPLEX MAJOR 3 OPERATION	
11603 Theatre Imputs 12205 T000057 ALLOGRAPHT 550.00 126	923	T2204	UROLOGYCOMPLEX MAJOR 4 OPERATION	
925 T000057 ALLOGRAPHT 550.00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - MEDIUM PACK 24.20 928 T060 AUTO CLAVIS GERVICE - SMALL PACK 13.20 929 T057 AUTOCLAVING (COMPLEX MAJOR) 99.00 930 T054 AUTOCLAVING (MAJOR PLUS) 88.00 931 T056 AUTOCLAVING (MAJOR) 66.00 933 T053 AUTOCLAVING (MINOR) 44.00 934 T1601 CAMERA SHIELD 23.10 935 EX5665 CARRON DIOXIDE INSUFFLATION 22.00 936 T7002 FIBRE GLASS 101.20 937 T8892 IMPLANT MAJOR 10.870.00 938 T2244 IMPLANT MINOR 10.870.00 941 T220 LAPAROSCOPIC HARMONIC DEVICE 440.00 942 T988 LARYNGEAL MASK AIRWAY USAGE 5.72 943 THT03 Low Profile Titainium Plate and Screws 1,232.00	924	T2205	UROLOGYCOMPLEX MAJOR 5 OPERATION	5,060.00
925 T000057 ALLOGRAPHT 550.00 926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - MEDIUM PACK 24.20 928 T060 AUTO CLAVIS GERVICE - SMALL PACK 13.20 929 T057 AUTOCLAVING (COMPLEX MAJOR) 99.00 930 T054 AUTOCLAVING (MAJOR PLUS) 88.00 931 T056 AUTOCLAVING (MAJOR) 66.00 933 T053 AUTOCLAVING (MINOR) 44.00 934 T1601 CAMERA SHIELD 23.10 935 EX5665 CARRON DIOXIDE INSUFFLATION 22.00 936 T7002 FIBRE GLASS 101.20 937 T8892 IMPLANT MAJOR 10.870.00 938 T2244 IMPLANT MINOR 10.870.00 941 T220 LAPAROSCOPIC HARMONIC DEVICE 440.00 942 T988 LARYNGEAL MASK AIRWAY USAGE 5.72 943 THT03 Low Profile Titainium Plate and Screws 1,232.00			44602 Theotre Inputs	
926 T058 AUTO CLAVE SERVICE - BIG PACK 44.00 927 T059 AUTO CLAVE SERVICE - MEDIUM PACK 24.20 928 T080 AUTO CLAVE SERVICE - SMALL PACK 13.20 929 T057 AUTOCLAVING (COMPLEX MAJOR) 99.00 930 T054 AUTOCLAVING (INTER) 55.00 931 T056 AUTOCLAVING (MAJOR) 66.00 932 T055 AUTOCLAVING (MINOR) 44.00 934 TH001 CAMERA SHIELD 23.10 935 EX5665 CARBON DIOXIDE INSUFFLATION 22.00 936 T7002 FIBRE GLASS 101.20 937 T8992 IMPLANT INTER 506.00 938 T2244 IMPLANT MAJOR 10,870.00 940 T000006 IMPLANT MINOR 132.00 941 T220 LAPAROSCOPIC HARMONIC DEVICE 440.00 942 T988 LARYNGEAL MASK AIRWAY USAGE 5.72 943 TH013 Low Profile Titanium Plate and Screws 1,232.00 <	925	T000057	Pro-	550.00
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948 END09 PRIMARE CARE ENDOSCOPY (UPPER GI) -2 209.00 949 END08 PRIMARY CARE COLONOSCOPY (MINOR 4) 352.00 950 END07 PRIMARY CARE ENDOSCOPY (UPPER GI) 253.00 951 SHK REMOVAL OF SHIRODKAR STITCHES 18.70 952 T447 SPECIMEN CONTAINER + FORMALIN LARGE 4.95 953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 1.65 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES (INTER) 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZATION WOOL (A PACK OF TEN) 10.12	946	T000058	PATTIES [MINOR]	66.00
949 END08 PRIMARY CARE COLONOSCOPY (MINOR 4) 352.00 950 END07 PRIMARY CARE ENDOSCOPY (UPPER GI) 253.00 951 SHK REMOVAL OF SHIRODKAR STITCHES 18.70 952 T447 SPECIMEN CONTAINER + FORMALIN LARGE 4.95 953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 1.65 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 10.12	947	T567	PLATE ELECTRODE INSULATION	198.00
950 END07 PRIMARY CARE ENDOSCOPY (UPPER GI) 951 SHK REMOVAL OF SHIRODKAR STITCHES 18.70 952 T447 SPECIMEN CONTAINER + FORMALIN LARGE 953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 955 T065 STERILIZATION OF ENVELOPES 956 T066 STERILIZATION OF ENVELOPES (INTER) 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZATION OF ENVELOPES (MINOR) 961 T061 STERILIZATION OF ENVELOPES (MINOR) 961 T062 STERILIZATION OF ENVELOPES (MINOR) 961 T064 STERILIZATION OF ENVELOPES (MINOR) 961 T064 STERILIZATION OF ENVELOPES (MINOR) 962 T065 STERILIZATION OF ENVELOPES (MINOR) 963 T066 STERILIZATION OF ENVELOPES (MINOR) 964 T066 STERILIZED COTTON WOOL (A PACK OF TEN)	948	END09	PRIMARE CARE ENDOSCOPY (UPPER GI) -2	209.00
951 SHK REMOVAL OF SHIRODKAR STITCHES 18.70 952 T447 SPECIMEN CONTAINER + FORMALIN LARGE 4.95 953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 1.65 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 10.12	949	END08	PRIMARY CARE COLONOSCOPY (MINOR 4)	352.00
952 T447 SPECIMEN CONTAINER + FORMALIN LARGE 953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 1.65 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES 956 T066 STERILIZATION OF ENVELOPES (INTER) 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZATION OF ENVELOPES (MINOR) 961 T061 STERILIZED COTTON WOOL (A PACK OF TEN)	950	END07	PRIMARY CARE ENDOSCOPY (UPPER GI)	253.00
953 T446 SPECIMEN CONTAINER + FORMALIN SMALL 1.65 954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZATION WOOL (A PACK OF TEN) 10.12	951	SHK	REMOVAL OF SHIRODKAR STITCHES	18.70
954 T445 SPECIMEN CONTAINER + FROMALIN MEDIUM 3.30 955 T065 STERILIZATION OF ENVELOPES 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZATION WOOL (A PACK OF TEN) 10.12	952	T447	SPECIMEN CONTAINER + FORMALIN LARGE	4.95
955 T065 STERILIZATION OF ENVELOPES 19.80 956 T066 STERILIZATION OF ENVELOPES (INTER) 13.20 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 18.70 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 14.30 959 T063 STERILIZATION OF ENVELOPES (MINOR) 11.00 960 T062 STERILIZATION WOOL (A PACK OF TEN) 10.12		T446	SPECIMEN CONTAINER + FORMALIN SMALL	1.65
956 T066 STERILIZATION OF ENVELOPES (INTER) 957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZATION OF ENVELOPES (MINOR) 961 T061 STERILIZED COTTON WOOL (A PACK OF TEN) 961 T061 STERILIZED CALIZE (A PACK OF TEN)				3.30
957 T067 STERILIZATION OF ENVELOPES (MAJOR PLUS) 958 T064 STERILIZATION OF ENVELOPES (MAJOR) 959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 961 T061 STERILIZED CALIZE (A PACK OF TEN)				19.80
958 T064 STERILIZATION OF ENVELOPES (MAJOR) 959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 961 T061 STERILIZED CALIZE (A PACK OF TEN)			,	13.20
959 T063 STERILIZATION OF ENVELOPES (MINOR) 960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 961 T061 STERILIZED CALIZE (A PACK OF TEN)			,	18.70
960 T062 STERILIZED COTTON WOOL (A PACK OF TEN) 961 T061 STERILIZED CALIZE (A PACK OF TEN)			,	14.30
961 T061 STEDILIZED CALIZE (A DACK OF TEN)				11.00
STERILIZED GAUZE (A PACK OF TEN) 10.12				10.12
	961	1061	STERILIZED GAUZE (A PACK OF TEN)	10.12

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
962	T7001	STOCKAETTE	11.00
963	SUR01R	SURGICAL SPECIALIST CONS REVIEW	18.70
964	THT02	THEATER EQUIPMENT/STAFF UTILIZATION FEE 12H (EXCLUTING INPL	1,100.00
965	THT01	THEATRE RENTAL CHARGE (PER HOUR)	550.00
966	T050	THEATRE SANITARY FEE	24.20
967	T052	THEATRE SANITARY FEE - [COMPLEX MAJOR]	23.10
968	T051	THEATRE SANITARY FEE - [MAJOR]	18.70
969	IMP04	TOTAL HIP REPLACEMENT	770.00
970	T400	USAGE OF PATIENT MONITOR/SYRINGE PUMP	27.50

Please Note: Prices are valid for three (3) calender month.

CODE DESCRIPTION		<u>ION</u>	CORP.		
	B17 INPATIENT				
			11701	Inpatient	
971	ADM	S02	ACCOMMO	DATION & MEAL PRIVATE	341.00
972	ADM	S04	ACCOMOD	ATION - GENERAL	110.00
973	ADM	S05	ACCOMOD	ATION - PRIVATE	231.00
974	ADM	S06	ACCOMOD	ATION & MEAL - MATERNITY	209.00
975	ADM	S01	ACCOMOD	ATION & MEAL GENERAL	176.00
976	ADM	S03	ACCOMOD	ATION & MEAL SEMI PRIVATE	198.00
977	1000	1	CARDIAC N	MONITORING	33.00
978	DLY)1	DELIVERY	NORMAL	319.00
979	DLY	03	DELIVERY	WITH VACUUM EXTRACTION	407.00
980	DLY)2	DELIVERY	WITH-EPISIOTOMY	385.00
981	DTN	01	DETENTIO	N	88.00
982	EXW	05	EXECUTIVE	E WARD ONLY	253.00
983	GWE	004	GENERAL \	WARD ONLY & SANITATION	110.00
984	NIC0	4	INFUSION I	PUMP FEE	66.00
985	GWE	005	NURSING (CARE (ADULT)	44.00
986	OPD	10	NURSING (CARE (EYE)	55.00
987	ORT	03	ORTHOPAE	EDIC WARD CONS	187.00
988	OXY	01	OXYGEN T	O ADULTS	66.00
989	NIC0	2	PHOTOTHE	ERAPY	25.30
990	PHS	04	PHYSICIAN	I SP.WARD CONS (RETURN)	18.70
991	PHY	02	PHYSIOTH	ERAPY WARD CONSULTATION	154.00
992	W00	1	RIPPLE BE	D (DIALY CHARGE)	33.00
993	SAN	01	SANITATIO	N FEES - WARDS	17.60
994	OPD	023	Silver Nitrate	e Stick	9.90
995	DIE0	2	WARD DIE	TETIC CONSULTATION	121.00
996	B171	00	WARD CON	SULTATION (KIDNEY TREATMENT) FOLLOW-UP	88.00
997	T130		WARD POS	ST SURGICAL CONSULTATION (PER VISIT)	55.00
998	ENT	03	WARD SPE	CIALIST CONSULTATION (PER VISIT)	154.00
			11706	Peadia Ward & Neo-natal Care	
999	NIC0	3	INCUBATO		25.30
1,000	NIC0	6	NICU ADMI	SSION & SANITATION	99.00
1,001	NIC0	5	NURSING (CARE (BABY/CHILD)	55.00
1,002	NIC0	1	OXYGEN T	O BABY	55.00
1,003	NIC0	8	OXYMETER	3	55.00
1,004	NIC0	7	UMBILICAL	CATHERIZATION	88.00
					00.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
	B18 DENTA	AL	<u>oon .</u>
		11801 Dental Services	
1,005	DEN362	ACRYLIC DENTURE: FULL UPPER DENTURE	189.75
1,006	DT099	ACRYLIC BRIDGE (PER UNIT)	154.00
1,007	DT125	ACRYLIC JACKET CROWN	154.00
1,008	DT009	ACRYLIC PARTIAL DENTURES (1st Visit)	286.00
1,009	DT025	ACRYLIC PARTIAL DENTURES (2nd Visit)	154.00
1,010	DT027	ACRYLIC PARTIAL DENTURES (3rd Visit)	132.00
1,011	DT120	ADDITIONAL TO EXISTING DENTURE 1ST TOOTH	110.00
1,012	DT121	ADDITIONAL TO EXISTING DENTURES: ADDITIONAL TOOTH	33.00
1,013	DT092	ADDITIONAL TOOTH	110.00
1,014	DT006	ADULT GROSS SCALING & POLISHING(PER VISIT)	143.00
1,015	DT079	AMALGAM (SMALL,MEDIUM,LARGE) CLASS 1	132.00
1,016	DT087	ANTERIOR (ROOT CANAL THERAPY) (1st Visit)	187.00
1,017	DT288	ANTERIOR (ROOT CANAL THERAPY) (2nd Visit)	187.00
1,018	DT199	APICOECTOMY	550.00
1,019	DT113	BITE BLOCK	23.10
1,020	DT111	BLEACHING PER JAW	484.00
1,021	DT110	BLEACHING PER TOOTH	99.00
1,022	DT066	BROKEN BAND	165.00
1,023	DT064	BROKEN BRACKET	77.00
1,024		BROKEN TUBE	99.00
1,025		CANTILEVER (CONVENTIONAL) 1ST VISIT	528.00
1,026		CANTILEVER (CONVENTIONAL) 2ND VISIT	528.00
1,027		CANTILEVER (MINIMALLY INVASIVE) 1ST VISIT	440.00
1,028		CANTILEVER (MINIMALLY INVASIVE) 2ND VISIT	440.00
1,029		CAST POST & CORE	198.00
1,030		CEMENT CROWN	77.00
1,031	DT116	CEPH	27.50
1,032	DT094	CHROME COBALT PLATE (PER JAW) (1st Visit)	660.00
1,033		CHROME COBALT PLATE (PER JAW) (2nd Visit)	341.00
1,034	DT0298	CHROME COBALT PLATE (PER JAW) (3rd Visit)	341.00
1,035		CLOSED REDUCTION OF FRACTURE OF FACIAL BONES (IMF)	1,100.00
1,036		COMPLETE ORAL EXAM	55.00
1,037		COMPOSITE RESTORATION (CLASS 1 TO 5) CHILDREN	154.00
1,038		CORE BUILDUP	187.00
1,039 1,040	DT107	CURETTAGE & SEQUESTROMY	990.00
1,040		DENTAL IMPLANT SINGLE (4ct Visit)	2,200.00
1,041	DT135	DENTAL IMPLANT SINGLE (1st Visit)	5,060.00
1,043		DENTAL IMPLANT SINGLE (2nd Visit)	880.00
1,044		DENTAL IMPLANT SINGLE (3rd Visit) DENTAL IMPLANT SINGLE (4th Visit)	1,760.00
1,045		DENTAL MISCELLANEOUS	880.00
1,046		DENTINE PIN (PER PIN)	88.00
1,047		DIFFICULT EXTRACTION	18.70
1,048	DT950	DIFFICULT PROPHY	187.00
1,049		DRESSING OF OPEN FACIAL WOUNDS	187.00
1,050	DT014	DRY SOCKET (PER / TOOTH)	264.00
1,051	DT222	EMERGENCY ORAL EXAM	33.00
,	= · 		99.00

Please Note: Prices are valid for three (3) calender month.

	CODE	<u>DESCRIPTION</u>	CORP.
1,052	DT017	EXTRACTION SIMPLE	132.00
1,053	DT084	FISSURE SEALANT (PER TOOTH)	55.00
1,054	DT0639	FIXED APPLIANCE CEREMICS BRAKETS (IINITIAL NPUT)	660.00
1,055	DT0638	FIXED APPLIANCE- CEREMICS BRAKETS (REVIEW INPUTS)	55.00
1,056	DT0636	FIXED APPLIANCE REVIEW - STANLESS BRAKETS (INPUTS)	33.00
1,057	DT0634	FIXED APPLIANCE STANLESS BRAKETS (INITIAL INPUTS)	341.00
1,058	DT063	FIXED APPLIANCE STANLESS BRAKETS (INITIAL PROCEUDRE)	3,080.00
1,059	DT0066	FLEXIBLE DENTURE 1ST	660.00
1,060	DT0067	FLEXIBLE DENTURE 2ND	660.00
1,061	DT010	FLUORIDE THERAPY	31.90
1,062	DT012	FRACTURE FIXATION (IMF)	1,870.00
1,063	DT056	FRENECTOMY	110.00
1,064	DT119	FULL DENTURE (REPAIR)	253.00
1,065	DT347	FULL METAL CROWN (1st Visit)	374.00
1,066	DT127	FULL METAL CROWN (1st Visit)	374.00
1,067	DT002	FULL MOUTH XRAY	253.00
1,068	DT124	FULL-FULL DENTURE OBTURATOR WITH TEETH	770.00
1,069	DT0623	FUNCTIONAL (INPUT)	308.00
1,070	DT062	FUNCTIONAL (PROCEDURE)	990.00
1,071	DT955	GINGIVAL CURENTTAGE (PER QUADRANT)	99.00
1,072	DT082	GINGIVAL CURETTAGE (+ PERIO SCALE & ROOT PLANE)	99.00
1,073	DT106	GINGIVECTOMY (PER QUANDRANT)	110.00
1,074	DT077	GLASS IONOMER (CLASS VI)	143.00
1,075	DT0601	HABIT APPLIANCE (INPUTS)	99.00
1,076	DT060	HABIT APPLIANCE (PROCEDURE)	990.00
1,077	DT336	IMPLANT CONSULTATION	154.00
1,078	DT050	INCISION & DRAINAGE	154.00
1,079	DT213	INITIAL PERIODONTAL THERAPY	341.00
1,080	DT130	INLAY	660.00
1,081	DT302	LARGE SPECIMEN	242.00
1,082	DT212	LIMITED ORAL EXAM	44.00
1,083	DT123	LOWER DENTURE (1st Visit)	473.00
1,084	DT231	LOWER DENTURE (2nd Visit)	231.00
1,085	DT233	LOWER DENTURE (3rd Visit)	242.00
1,086	DT183	MANUAL REDUCTION OF TMJ DISLOCATION	77.00
1,087	DT301	MEDIUM SPECIMEN	165.00
1,088	DT013	MINOR SURGERY (ROOTS, BIOPSY)	132.00
1,089	DT089	MOLAR (ROOT CANCAL THERAPY) (1st Visit)	297.00
1,090	DT335	MOLAR (ROOT CANCAL THERAPY) (2st Visit)	297.00
1,091	DT069	NANCE BUTTON	990.00
1,092	DT096	NIGHT GUARD	506.00
1,093	DT102	OBTURATOR	385.00
1,094	DT114	OCCLUSAL	25.30
1,095	DT080	OCCLUSAL ADJUSTMENT (PER TOOTH)	44.00
1,096	DT131	ONLAY	660.00
1,097	DT181	OPEN REDUCTION OF FACAIL FRACTURE	1,430.00
1,098	DT105	OPERCULECTOMY (PER TOOTH)	110.00
1,099	DT115	OPG (RADIOGRAPHS)	33.00
1,100	DT117	OPG(PP)	55.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,101	DT255	ORTHO [DENTAL] CONSULTATION	99.00
1,102	DT133	PARA POST	55.00
1,103	DT118	PARTIAL REPAIRS	99.00
1,104	DT057	PARTIAL RESECTION OF FACIAL BONES	1,540.00
1,105	DT112	PERIAPICAL (EACH ADDITIONAL)	18.70
1,106	DT003	PERIAPICAL XRAY	31.90
1,107	DT266	PERIODIC ORAL EXAMINATION	55.00
1,108	DT954	PERIODONTAL PROPHYLAXIS	198.00
1,109	DT126	PFM (CROWN) (1st Visit)	550.00
1,110	DT345	PFM (CROWN) (2nd Visit)	550.00
1,111	DT100	PFM (PER UNIT) (1st Visit)	396.00
1,112	DT422	PFM (PER UNIT) (2nd Visit)	396.00
1,113	DT224	POLPOTOMY	187.00
1,114	DT128	POST CROWN	990.00
1,115	DT088	PREMOLAR (1st Visit)	253.00
1,116	DT330	PREMOLAR (2nd Visit)	253.00
1,117	DT008	PRIMARY TOOTH	132.00
1,118	DT090	PULPECTOMY	187.00
1,119	DT068	QUAD HELIX	1,320.00
1,120	DT070	R.M.A	1,320.00
1,121	DT093	RELINE	132.00
1,122	DT0598	REMOVABLE APPLIANCE (INPUTS)	99.00
1,123	DT059	REMOVABLE APPLIANCE (PROCEDURE)	990.00
1,124	DT071	REMOVABLE APPLIANCE REPAIR	517.00
1,125	DT0022	REMOVAL OF DENTAL WIRING (INPUTS)	110.00
1,126	DT020	REMOVAL OF DENTAL WIRING (PROCEDURE)	385.00
1,127	DT052	REMOVAL OF STONE FROM SALIVARY DUCT	990.00
1,128	DT101	RESIN BONDED BRIDGE (PER UNIT) 1ST VISIT	1,320.00
1,129	DT1012	RESIN BONDED BRIDGE (PER UNIT) 2ND VISIT	990.00
1,130	DT072	REVIEW / MISSED APPOINTMENT	44.00
1,131	DT083	ROOT PLANING(PER QUADRANT)	55.00
1,132	DT007	S & P WITH FLUORIDE(CHILDREN)	110.00
1,133	DT132	SCREW POST	44.00
1,134	DT053	SIALOADENECTOMY	1,320.00
1,135	DT091	SINGLE TOOTH (PER JAW)	187.00
1,136	DT300	SMALL SPECIMEN	132.00
1,137	DT0612	SPACE MAINTENANCE (INPUTS)	385.00
1,138	DT061	SPACE MAINTENANCE (PROCEDURE)	385.00
1,139	DT256	SPLINT	341.00
1,140	DT098	STAINLESS STEEL CLASP	55.00
1,141	DT097	STUDY MODEL	99.00
1,142	DT011	SURGICAL	550.00
1,143	DT051	SURGICAL EXCISION OF INTRA-ORAL LESIONS	385.00
1,144	DT016	SUTURING	77.00
1,145	DT054	SUTURING OF LACERATIONS OF FACIAL REGION	385.00
1,146	DT067	TADS	550.00
1,147	DT108	TEMPORARY DRESSING	77.00
1,148	DT095	THERMOPLASTIC RETAINER	341.00
1,149	DT0589	THERMOPLASTIC RETAINER/ JAW -(INPUTS)	66.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,150	DT058	THERMOPLASTIC RETAINER/ JAW (PROCEDURE)	308.00
1,151	DT104	TMJ SCREW	154.00
1,152	DT103	TMJ SPLINT	880.00
1,153	DT180	TOTAL RESECTION OF FACIAL BONES	1,650.00
1,154	DT122	UPPER DENTURE (1st Visit)	484.00
1,155	DT226	UPPER DENTURE (2nd Visit)	231.00
1,156	DT228	UPPER DENTURE (3rd Visit)	231.00
1,157	DT306	URGENT CASES	66.00
		11802 Dental Laboratory	
1,158	DEN309	ACRYLIC DENTURE: ADDITIONAL TOOTH	11.00
1,159	DEN321	ACRYLIC DENTURE: DENTURE REPAIRS	49.50
1,160	DEN320	ACRYLIC DENTURE: FULL LOWER DENTURE	189.75
1,161	DEN365	ACRYLIC DENTURE: FULL UPPER DENTURE	165.00
1,162	DEN355	ACRYLIC DENTURE: SINGLE TOOTH	55.00
1,163	DEN322	ACRYLIC DENTURE: STAINLESS STELL CLASP CROWN	38.50
1,164	DEN301	BRIDGES: ACRYLIC BRIDGE-PER UNIT	77.00
1,165	DEN302	BRIDGES: PFM BRIDGE-PER UNIT	110.00
1,166	DEN303	BRIDGES: RESIN BONDED BRIDE PONTIC	110.00
1,167	DEN367	BRIDGES: RESIN BONDED BRIDGE WING	55.00
1,168	DEN340	CROWNS: ACRYLIC JACKET CROWN	77.00
1,169	DEN346	CROWNS: CAST POST & CORE	66.00
1,170	DEN341	CROWNS: FULL METAL CROWN	88.00
1,171	DEN401	CROWNS: PFM	110.00
1,172	DEN354	MISC.: NIGHT GUARD THERMOPLASTIC (DENTAL)	110.00
1,173	DEN347	MISC.: NIGHT GUARD-ACRYLIC (DENTAL)	110.00
1,174	DEN308	MISC: TMJ SCREW (DENTAL)	49.50
1,175	DEN307	ORTHODONTICS: REMOVABLE APPLIANCES	110.00
1,176	DEN369	ORTHODONTICS: THERMOPLASTIC RETAINER	110.00
			110.00

Please Note: Prices are valid for three (3) calender month.

	<u>CC</u>	ODE DESCRIPTION	CORP.
	B19	RADIOLOGY	OOKI .
		11901 CT SCAN	
1,177	CTG02	C. T. G. SCAN (EXTRA)	44.00
1,178	XA055	C. T. SCAN - EXTREMITIES	880.00
1,179	XA063	C. T. SCAN - ABDOMEN (ULTRAVIST)	990.00
1,180	R064	C. T. SCAN - ABDOMEN (ULTRAVIST) WITH AUTO INJECTOR	1,870.00
1,181	R230	C. T. SCAN - CHEST & ABDOMEN	1,320.00
1,182	XA061	C. T. SCAN - HEAD CONTAST	770.00
1,183	XA064	C. T. SCAN - MINORS (WITHOUT CONTRAST)	352.00
1,184	XA053	C. T. SCAN - MINORS UROGRAFIN (CONTRAST)	660.00
1,185	R073	C. T. SCAN AUTO INJECTOR	110.00
1,186	R079	C. T. SCAN EXTRA CONTRAST	990.00
1,187	XAM46	6 C. T. SCAN EXTREMITIES (MINOR)	550.00
1,188	XAM47	7 C. T. SCAN HEAD (CVA)	352.00
1,189	XA050	C.T. SCAN - BRAIN SCAN (RTA)	660.00
1,190	XA077	C.T. SCAN - BRAIN SCAN (SINUSES)	880.00
1,191	XA062	C.T. SCAN - CHEST (ULTRAVIST)	990.00
1,192	R063	C.T. SCAN - CHEST (ULTRAVIST) WITH AUTO INJECTOR	1,430.00
1,193	XA051	C.T. SCAN - SPINE	880.00
1,194	XA065	C.T. SCAN-HEAD (CVA)	352.00
1,195	SCA02	2 CTG SCAN	55.00
1,196	XA046	IMAGE ON CD	15.40
1,197	R122	TRANSCRONIAL ULTRASOUND	187.00
1,198	R103	TRANSVAGAL ULTRASOUND	132.00
		11903 XRAY	
1,199	XA100	ABC	0.13
1,200	XA026	ABDOMEN XRAY	132.00
1,201	XA027	ABDOMEN XRAY (ERECT & SUPINE)	231.00
1,202	XAM27	7 ABDOMEN XRAY (ERECT & SUPINE) MINOR	143.00
1,203	XAM26	6 ABDOMEN XRAY (MINOR)	88.00
1,204	XAM08	8 ANKLE (MINOR) XRAY	66.00
1,205	XA008	ANKLE XRAY	77.00
1,206	XA037	BA ENEMA	770.00
1,207	XAM37	7 BA ENEMA (MINOR)	550.00
1,208	XA029	BA MEAL	550.00
1,209	XAM29	9 BA MEAL (MINOR)	385.00
1,210	XA028	BA SWALLOW	550.00
1,211	CTG01	1 C. T. G. SCAN	88.00
1,212	XA054	C. T. SCAN - ABDOMEN	1,760.00
1,213	DOP03	3 CAROTID DOPPLER	407.00
1,214	DOPO	4 CAROTID DOPPLER (BOTH EYE)	528.00
1,215	XA014	CERVICAL SPINE XRAY	88.00
1,216	XAM14	4 CERVICAL SPINE XRAY (MINOR)	66.00
1,217	XA039	CERVICAL SPINE XRAY (OBLIQUE)	88.00
1,218	XA021	CHEST XRAY	110.00
1,219	R101	CHEST XRAY (MEDICAL EXAM)	176.00
1,220	XAM21	1 CHEST XRAY (MINOR)	66.00
1,221	XA022	CHEST XRAY (PA & LAT)	198.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,222	XAM22	CHEST XRAY (PA & LAT) (MINOR)	121.00
1,223	XA005	CLAVICLE	77.00
1,224	XAM05	CLAVICLE (MINOR)	66.00
1,225	R006	CT REPORTING 1	121.00
1,226	R007	CT REPORTING 2	132.00
1,227	R008	CT REPORTING 2	165.00
1,228	XA056	CT SCAN - EXTRA FILM	187.00
1,229	DOP01	DOPPLER - 1 BODY PART	242.00
1,230	DOP02	DOPPLER - 2 BODY PART	429.00
1,231	XA066	DOPPLER (ONE LEG/ARM)	253.00
1,232	XA067	DOPPLER (TWO LEGS)	506.00
1,233	R088	DOPPLER ARTERIAL (ONE LEG)	330.00
1,234	R089	DOPPLER ARTERIAL (TWO LEG)	660.00
1,235	XAM03	ELBOW (MINOR) XRAY	66.00
1,236	XA003	ELBOW XRAY	88.00
1,237	XAM11	FEMUR (MINOR)	88.00
1,238	XA011	FEMUR XRAY	110.00
1,239	XAM00	FINGER(S) (MINOR) XRAY	66.00
1,240	XA000	FINGER(S) XRAY	88.00
1,241	XAM07	FOOT (MINOR) XRAY	66.00
1,242	XA007	FOOT XRAY	88.00
1,243	XAM06	FOREARM (MINOR) XRAY	66.00
1,244	XA006	FOREARM XRAY	88.00
1,245	XAM40	HAND (MINOR) XRAY	66.00
1,246	XA040	HAND XRAY	77.00
1,247	XAM12	HIP JT (MINOR) XRAY	88.00
1,248	XA012	HIP JT XRAY	88.00
1,249	XA031	HSG (SALP)	352.00
1,250	XA004	HUMERUS XRAY	88.00
1,251	XAM04	HUMERUS XRAY (MINOR)	66.00
1,252	XA018	IAM	132.00
1,253	XAM18	IAM (MINOR)	88.00
1,254	XA042	IVU (MAJOR)	880.00
1,255 1,256	XAM42 XAM09	IVU (MINOR)	429.00
1,257	XA009	KNEE (MINOR) XRAY	88.00
1,258	CTG010	KNEE XRAY	110.00
1,259	CTG010	LARYNX (ULTRA) C LARYNX (URO) C	1,430.00
1,260	XAM10	LEG (MINOR)	1,430.00
1,261	XA010	LEG XRAY	88.00
1,262	XA016	LUMBER SPINE XRAY	110.00
1,263	XAM16	LUMBER SPINE XRAY (MINOR)	143.00
1,264	XA045	MAMOGRAPHY	99.00
1,265	XA019	MANDIBLE (OBL & PA)	220.00
1,266	XAM19	MANDIBLE (OBL & PA) (MINOR)	154.00
1,267	XA020	MANDIBLE (OBL)	110.00
1,268	XAM20	MANDIBLE (OBL) (MINOR)	99.00
1,269	XA024	MASTOIDS	66.00 143.00
1,270	XAM24	MASTOIDS (MINOR)	143.00 99.00
	4.40=	(0040	33.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,271	XA090	MRI	165.00
1,272	OPD03	MRI (EXTERNAL INVESTIGATION)	1,430.00
1,273	T003	MRI Of Lumber Spine	992.99
1,274	XA073	OCCULAR ULTRASOUND	154.00
1,275	XA044	ONE BREAST MAMOGRAPHY	154.00
1,276	XA025	ORBITS	110.00
1,277	XAM25	ORBITS (MINOR)	77.00
1,278	XA013	PELVIC XRAY	154.00
1,279	XAM13	PELVIS XRAY (MINOR)	88.00
1,280	XA455	PRIMARY ULTRASOUND - UPPER ABDOMEN	88.00
1,281	XA566	PRIMARY ULTRASOUND ABDOMEN & PELVIC	132.00
1,282	XA470	PRIMARY ULTRASOUND PELVIC SCAN	66.00
1,283	XAM35	RADIOLOGY RE-REPORTING	25.30
1,284	R004	RE-READING 1 (CASH)	27.50
1,285	R005	RE-READING 2 (CASH)	77.00
1,286	XA052	RETROGRADE	187.00
1,287	XA058	SCOLIOSIS SERIES	319.00
1,288	DOP04	SCROTAL DOPPLER	165.00
1,289	R0001	SCROTAL DOPPLER	165.00
1,290	XAM02	SHOULDER (MINOR) XRAY	66.00
1,291	XA002	SHOULDER (XRAY)	88.00
1,292	XAM23	SINUSES (MINOR) XRAY	77.00
1,293	XA023	SINUSES XRAY	88.00
1,294	XAM17	SKULL (MINOR) XRAY	88.00
1,295	XA017	SKULL XRAY	110.00
1,296	R301	SYRINGES TUBING VALVE	110.00
1,297	XA032	THORACIC SPINE	176.00
1,298	XA015	THORACO-LAMBAR SP	187.00
1,299	XAM15	THORACO-LUMBAR SP (MINOR)	132.00
1,300	XA070	THYROID ULTRASOUND SCAN	176.00
1,301	R069	TRANSRECTAL ULTRASOUND	88.00
1,302	R045	TRANSVAGINAL (PELVIC) ULTRASOUND	132.00
1,303	R060	ULTRASOUND	154.00
1,304	XA036	ULTRASOUND - THYROID	165.00
1,305	XA048	ULTRASOUND - UPPER ABDOMEN	132.00
1,306	XA068	ULTRASOUND ABDOMEN & PELVIC	154.00
1,307	XA030	ULTRASOUND BREAST	165.00
1,308	XA072	ULTRASOUND PELVIC SCAN	88.00
1,309	XA080	ULTRASOUND PELVIC SCAN (WITH EFW)	132.00
1,310	XA069	ULTRASOUND SCROTUM	154.00
1,311	XA033	URETHROGRAM	352.00
1,312	X0002	VME XRAY + REPORT	187.00
1,313	XAM01	WRIST (MINOR) XRAY	66.00
1,314	XA001	WRIST XRAY	88.00
1,315	XA038	X RAY READING (SPECIALS)	88.00
1,316	XA041	X RAY READING MAMOGRAM	88.00
1,317	LL5017	XMATCHING WITHOUT COLLECTION	44.00
1,318	XA035	XRAY READING NO. 1	31.90
1,319	XA059	X-RAY REPORTING (OUTSIDE)	44.00

Please Note: Prices are valid for three (3) calender month.

CODE DESCRIPTION

<u>CORP.</u>

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION		CORP.
	B20 EAR	IOSE & THROAT		
		12002	ENT Others	
1,320	ESY01	EAR SYRINGIN	G	132.00
1,321	ESY03	EAR SYRINGIN	G 2	66.00
1,322	ESY05	EAR SYRINGIN	G 3	99.00
1,323	ESY07	EAR SYRINGIN	G 4	143.00
1,324	ESY09	EAR SYRINGIN	G 5 MINOR	77.00
1,325	ESY11	EAR SYRINGIN	G 6 MINOR	88.00
1,326	ENT01	ENT CONSULTA	ATION	154.00
1,327	ENT13	Hearing Aid Eva	uation	165.00
1,328	ENT15	HEARING ASSE	SSMENT	176.00
1,329	ENT12	Paediatric Heari	ng Assessment	209.00
1,330	ENT10	Pure Tone Audio	ometry	165.00
1,331	ENT14	SPEECH AND L	ANGUAGE THERAPHY	165.00
1,332	ENT11	Tympanometry (impedance Audiometry)	88.00

Please Note: Prices are valid for three (3) calender month.

	<u>CO</u>	DE DESCRIPTION	CORP.
	B21	OPHTHALMOLOGY	<u>00141 .</u>
		12101 Eye Services	
1,333	E030	EYE A-SCAN	176.00
1,334	E025	EYE BIOMETRY	176.00
1,335	E031	EYE B-SACN	176.00
1,336	T200	EYE COMPLEX MAJOR 1 OPERATION	2,860.00
1,337	T203	EYE COMPLEX MAJOR 2 OPERATION	3,300.00
1,338	T204	EYE COMPLEX MAJOR 3 OPERATION	4,400.00
1,339	T205	EYE COMPLEX MAJOR 4 OPERATION	5,500.00
1,340	T206	EYE COMPLEX MAJOR 5 OPERATION	6,820.00
1,341	EYE01F	R EYE CONS (REVIEW)	18.70
1,342	EYE01	EYE CONSULTATION	154.00
1,343	T457	EYE INTER 1 SURGERY	550.00
1,344	T458	EYE INTER 2 SURGERY	660.00
1,345	T459	EYE INTER 3 SURGERY	770.00
1,346	T460	EYE INTER 4 SURGERY	880.00
1,347	T461	EYE INTER 5 SURGERY	990.00
1,348	EYE09	EYE KERATOMETRY	24.20
1,349	E0029	EYE KERATOMETRY	25.30
1,350	E028	EYE LASER ARGON	506.00
1,351	E027	EYE LASER YAG	253.00
1,352	E0020	EYE MAJOR 1 SURGERY	1,100.00
1,353	E0022	EYE MAJOR 2 SURGERY	1,210.00
1,354	E0024	EYE MAJOR 3 SURGERY	1,320.00
1,355	E0026	EYE MAJOR 4 SURGERY	1,430.00
1,356	E0028	EYE MAJOR 5 SURGERY	1,540.00
1,357	EMP01	EYE MAJOR PLUS 1 SURGERY	1,650.00
1,358	EMP02	EYE MAJOR PLUS 2 SURGERY	1,760.00
1,359	EMP03	EYE MAJOR PLUS 3 SURGERY	1,980.00
1,360	EMP04	EYE MAJOR PLUS 4 SURGERY	2,200.00
1,361	EMP05	EYE MAJOR PLUS 5 SURGERY	2,530.00
1,362	EMR1	EYE MEDICAL REPORT	165.00
1,363	T466	EYE MICRO 1 SURGERY	66.00
1,364	T467	EYE MICRO 2 SURGERY	88.00
1,365	T468	EYE MICRO 3 SURGERY	110.00
1,366	T469	EYE MICRO 4 SURGERY	165.00
1,367	T470	EYE MICRO 5 SURGERY	220.00
1,368	E0001	EYE MINOR 1 SURGERY	275.00
1,369	E0002	EYE MINOR 2 SURGERY	330.00
1,370	T454	EYE MINOR 3 SURGERY	385.00
1,371	T455	EYE MINOR 4 SURGERY	440.00
1,372	T456	EYE MINOR 5 SURGERY	495.00
1,373	EYE02	EYE REFRACTION	88.00
1,374	EYE03	EYE SCREENING	55.00
1,375	EYE06	EYE SHIELD	14.30
1,376	EYE04	EYE TONOMETRY	25.30
1,377	E026	EYE VISUAL FIELD	132.00
1,378	EYE32	FUNDUS PHOTOGRAPHY	66.00
1,379	EYE05	INTRAOCULAR LENS	165.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORR
1,380	EYE30	OCT MACULA EXAMINATION	CORP.
1,381	EYE31	OCT RETINAL EXAMINATION	187.00
1,382	OPT01	OPTOMETRIST	187.00
1,383	EYE07	PRIMARY OPTOMETRY	99.00
			49.50
		12102 Eye Lences	
1,384	E4073	DAILY CONTACT LENSES	88.00
1,385	E4018	EYE BF PHOTO AR LENS	308.00
1,386	E4017	EYE BF PHOTO LENS	242.00
1,387	E4019	EYE BF PLAIN LENS	99.00
1,388	E4020	EYE BF TINT LENS	143.00
1,389	E4028	EYE BF TRANS AR HI-INDEX(-6.00+) LENS	660.00
1,390	E4022	EYE BF TRANS AR LENS	407.00
1,391	E4024	EYE BF TRANS HI- INDEX(-6.00+) LENS	506.00
1,392	E4023	EYE BF TRANS HI-INDEX LENS	363.00
1,393	E4027	EYE BF TRANS HI-INDEX LENS	506.00
1,394	E4021	EYE BF TRANS LENS	330.00
1,395	E4025	EYE BF WHITE AR LENS	143.00
1,396	E4026	EYE BF WHITE HI-INDEX LENS	198.00
1,397	E4005	EYE BRONZE ADULT FRAME	253.00
1,398	E4007	EYE COPPER D&G PLASTIC (SMALL) ADULT FRAME	154.00
1,399	E4006	EYE COPPER SILHOUETTE (9503) ADULT FRAME	99.00
1,400	E4011	EYE DIAMON KIDS FRAME	110.00
1,401	E4002	EYE DIAMOND CUNCLASSES	506.00
1,402	E4014	EYE DIAMOND SUNGLASSES	429.00
1,403	E4003	EYE GOLD ADULT FRAME	429.00
1,404	E4012	EYE GOLD KINSLAGGES	88.00
1,405 1,406	E4015	EYE GOLD SUNGLASSES	341.00
1,407	E4009	EYE MERCURY ADULT FRAME EYE PLATINUM (B FRAME)	99.00
1,408	E4066		1,210.00
1,409	E4067 E4063	EYE PLATINUM (C FRAME) EYE PLATINUM (D FRAME)	990.00
1,410	E4064	EYE PLATINUM (G FRAME)	2,530.00
1,411	E4069	EYE PLATINUM (M FRAME)	1,650.00
1,412	E4062	EYE PLATINUM (P FRAME)	660.00
1,413	E4065	EYE PLATINUM (S FRAME)	4,510.00
1,414	E4068	EYE PLATINUM (Z FRAME)	1,320.00
1,415	E4001	EYE PLATINUM ADULT FRAME	880.00
1,416	E4010	EYE PLATINUM KIDS FRAME	550.00
1,417	E4013	EYE PLATINUM SUNGLASSES	253.00
1,418	E4046	EYE PROG AR HI-INDEX LENS	506.00
1,419	E4048	EYE PROG PHOTO AR LENS	660.00
1,420	E4047	EYE PROG PHOTO LENS	550.00 473.00
1,421	E4049	EYE PROG TINT LENS	473.00
1,422	E4050	EYE PROG TIRANS LENS	242.00
1,423	E4052	EYE PROG TRANS AR HI-INDEX LENS	660.00
1,424	E4051	EYE PROG TRANS AR LENS	880.00 660.00
1,425	E4053	EYE PROG TRANS HI-INDEX LENS	770.00
1,426	E4055	EYE PROG WHITE AR LENS	242.00
			242.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,427	E4056	EYE PROG WHITE HI-INDEX LENS	660.00
1,428	E4054	EYE PROG WHITE LENS	198.00
1,429	E4004	EYE SILVER ADULT FRAME	330.00
1,430	E4016	EYE SILVER SUNGLASSES	253.00
1,431	E4030	EYE SV MIRROR COATING WITH TINT LENS	660.00
1,432	E4029	EYE SV PHOTO AR HI- INDEX LENS	330.00
1,433	E4032	EYE SV PHOTO AR LENS	242.00
1,434	E4031	EYE SV PHOTO LENS	154.00
1,435	E4033	EYE SV TINT LENS	99.00
1,436	E4036	EYE SV TRANS AR HI-INDEX LENS	506.00
1,437	E4035	EYE SV TRANS AR LENS	308.00
1,438	E4037	EYE SV TRANS HI-INDEX LENS	506.00
1,439	E4034	EYE SV TRANS LENS	198.00
1,440	E4040	EYE SV WHITE AR 1.67 LENS	308.00
1,441	E4041	EYE SV WHITE AR 1.74 LENS	506.00
1,442	E4039	EYE SV WHITE AR LENS	99.00
1,443	E4038	EYE SV WHITE LENS	66.00
1,444	E4058	EYE TRIVEX PROG TRANS AR LENS	990.00
1,445	E4057	EYE TRIVEX PROG TRANS LENS	770.00
1,446	E4060	EYE TRIVEX PROG WHITE AR LENS	660.00
1,447	E4059	EYE TRIVEX PROG WHITE LENS	660.00
1,448	E4044	EYE TRIVEX TRANS AR HI-INDEX LENS	660.00
1,449	E4043	EYE TRIVEX TRANS AR LENS	660.00
1,450	E4042	EYE TRIVEX TRANS LENS	506.00
1,451	E4045	EYE TRIVEX WHITE AR LENS	308.00
1,452	E4008	EYE ZINC ADULT FRAME	99.00
1,453	E4074	FRAME CORD	16.50
1,454	E4075	LENSES SOLUTION	55.00
1,455	E4072	MONTHLY CONTACT LENSES	88.00
1,456	E4071	READING GLASSES	88.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
	B22 PHY	SIOTHERAPY	CORP.
		12201 Physioterapy Services	
1,457	PH009	CERVICAL TRACTION	55.00
1,458	PH012	COMBINATION THERAPY (2 MODALITIES)	77.00
1,459	PH013	COMBINATION THERAPY (3 MODALITIES)	88.00
1,460	PH015	Combination therapy (4 modalities)	88.00
1,461	PH008	CRYOTHERAPY ONLY	55.00
1,462	PH004	ELECTROTHERAPY (1 MODALITY)	55.00
1,463	PH007	EXERCISE THERAPY ONLY	55.00
1,464	PHY28	HAND PHYSIOTHERAPY PROTOCOL	66.00
1,465	PH002	HYDROCOLATOR PACK THERAPY ONLY	55.00
1,466	PHY042	I.G. FACIAL MASSAGE, FACIAL EXERCISE, TAPING	385.00
1,467	PH003	INFRA-RED RADIATION THERAPY	55.00
1,468	PH014	IN-PATIENT PHYSIOTHERAPY	66.00
1,469	PHY039	KINESIOTAPING (1 SEGMENT)	13.20
1,470	PHY037	KINESIOTAPING (1 SEGMENT) AND COMBINATION THERAPY (3 MOD	88.00
1,471	PHY038	KINESIOTAPING (2 SEGMENTS)	25.30
1,472	PHY26	KINESIOTAPING (>2 SEGMENTS) AND COMBINATION THERAPY (2 MC	88.00
1,473	PHY036	KINESIOTAPING (1 SEGMENTS) AND COMBINATION THERAPY (2 MOI	77.00
1,474	PHY25	KINESIOTAPING (2 SEGMENT) AND COMBINATION THERAPY (3 MOD/	99.00
1,475	PHY027	KINESIOTAPING (2 SEGMENTS) AND COMBINATION THERAPY (2 MOD	88.00
1,476	PH010	LUMBER TRACTION ONLY	55.00
1,477	PH011	MASSAGE THERAPY - (SEGMENTAL)	44.00
1,478	PHY19	MUSCULOSKELETAL DISORDERS (2 MODALITIES)	77.00
1,479	PHY21	MUSCULOSKELETAL DISORDERS (2 MODALITIES) (x6)	418.00
1,480	PHY22	MUSCULOSKELETAL DISORDERS (3 MODALITIES)	88.00
1,481	PHY20	MUSCULOSKELETAL DISORDERS (4 MODALITIES)	88.00
1,482	PHY13	NEUROLOGICAL REHABILITATION	66.00
1,483	PHY16	NEUROLOGICAL REHABILITATION PACK (X12)	770.00
1,484	PHY15	NEUROLOGICAL REHABILITATION PACK (X6)	418.00
1,485	PHY023	NOT IN USE	88.00
1,486	PHY026	NOT IN USE	0.00
1,487	PHY025	NOT IN USE	55.00
1,488	PHY033	NOT IN USE	55.00
1,489	PHY034	NOT IN USE	55.00
1,490	PHY14	ORTHOPAEDIC REHABILITATION	66.00
1,491 1,492	PHY18	ORTHOPAEDIC REHABILITATION PACK (X12)	770.00
	PHY17	ORTHOPAEDIC REHABILITATION PK (X6)	363.00
1,493 1,494	PHY041	PAEDIATRIC PHYSIOTHERAPY PROTOCOL	55.00
1,495	PHY24 PHY23	PHYSIOTHERAPY BELLS PALSY PROTOCOL PHYSIOTHERAPY BELLS PALSY PROTOCOL WITH KINESIOTAPING	55.00
1,496	PHY33	PHYSIOTHERAPY CARDIOVASCULAR FITNESS PROTOCOL	66.00
1,497	PHY05	PHYSIOTHERAPY CERVICAL TRACTION ONLY	55.00
1,498	PHY06	PHYSIOTHERAPY CRUTCHES	55.00
1,499	PHY12	PHYSIOTHERAPY ERB'S PALSY PROTOCOL	55.00
1,500	PHY32	PHYSIOTHERAPY IN PALLIATIVE CARE	55.00
1,500	PHY07	PHYSIOTHERAPY LOWER LIMBS	55.00
1,501	PHY08	PHYSIOTHERAPY LOWER LIMBS (COMBINED)	55.00
1,502	PHY04	PHYSIOTHERAPY LUMBAR	77.00
.,000		Sio mero di Lombi di	55.00

Please Note: Prices are valid for three (3) calender month.

	CODE	DESCRIPTION	CORP.
1,504	PHY040	PHYSIOTHERAPY MANUAL CERVICAL MOBILIZATION	55.00
1,505	PHY30	PHYSIOTHERAPY MANUAL LUMBAR MOBILIZATION	66.00
1,506	PHY29	PHYSIOTHERAPY MANUAL THORACIC MOBILIZATION	66.00
1,507	PHY01	PHYSIOTHERAPY OPD CONSULTATION	154.00
1,508	PHY27	PHYSIOTHERAPY POST LAMINECTOMY AND SPINAL FUSION REHABII	55.00
1,509	PHY03	PHYSIOTHERAPY THORACIC	55.00
1,510	PHY09	PHYSIOTHERAPY UPPER LIMBS	55.00
1,511	PHY10	PHYSIOTHERAPY UPPER LIMBS (COMBINED)	88.00
1,512	PHY11	PHYSIOTHERERAPY CONSULTATION (IN PATIENT)	132.00
1,513	PHY31	POST-KNEE REPLACEMENT REHABILITATION	55.00
1,514	PH001	SHORTWAVE DIATHERMY	55.00
1,515	PHY34	THERABAND- 1 YARD	66.00
1,516	PH006	ULTRASOUND THERAPY	55.00
1,517	PH005	WAX THERAPY	55.00