

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : CARDIOLOGY (DIAGNOSTIC)**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
ECHOCARDIOGRAPHY ADULT	GENERAL	GROUP-1	2,650.00	2,650.00	2,650.00
ECHOCARDIOGRAPHY PORTABLE	GENERAL	GROUP-1	4,250.00	4,250.00	4,250.00
ECHOCARDIOGRAPHY WITH CONTRAST	GENERAL	GROUP-1	3,100.00	3,100.00	3,100.00
ECHOCARDIOGRAPHY WITH STRESS (DSE)	GENERAL	GROUP-1	9,100.00	9,100.00	9,100.00
EXERCISE STRESS ECHOCARDIOGRAPHY (ESE)	GENERAL	GROUP-1	9,100.00	9,100.00	9,100.00
EXERCISE TOLERANCE TEST (ETT)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00

Department Wise No. of Test : 6**Department : CT**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CT - RFA - (Follow - UP)	GENERAL	GROUP-1	12,000.00	12,000.00	12,000.00
CT 3D-3D CHARGES	GENERAL	GROUP-1	9,000.00	9,000.00	9,000.00
CT AA - ANGIOGRAPHY	GENERAL	GROUP-1	10,000.00	10,000.00	10,000.00
CT ABDOMEN CONTRAST	GENERAL	GROUP-1	10,500.00	10,500.00	10,500.00
CT ABDOMEN FACT (FOCUS APPENDICEAL CT)	GENERAL	GROUP-1	6,500.00	6,500.00	6,500.00
CT ABDOMEN FOR TRAUMA	GENERAL	GROUP-1	10,500.00	10,500.00	10,500.00
CT ABDOMEN KUB\PYELOGRAM	GENERAL	GROUP-1	6,000.00	6,000.00	6,000.00
CT ABDOMEN PLAIN AND CONTRAST AXIAL	GENERAL	GROUP-1	10,500.00	10,500.00	10,500.00
CT ABDOMEN PLAIN AXIAL	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT ANAES-ANTHESIA CHARGES	GENERAL	GROUP-1	4,300.00	4,300.00	4,300.00
CT ASPIRATION	GENERAL	GROUP-1	2,200.00	2,200.00	2,200.00
CT BRAIN PLAIN/TRAUMA	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT BRAIN AXIAL PLAIN	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT BRAIN PLAIN	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00

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Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CT BRAIN PLAIN+CONTRAST	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT CALCANEUM (EACH SIDE)	GENERAL	GROUP-1	3,100.00	3,100.00	3,100.00
CT CD CHARGE	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
CT CD-CT CD CHARGES	GENERAL	GROUP-1	600.00	600.00	600.00
CT CHEST CONTRAST AXIAL	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT CHEST H.R.C.T	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT CHEST PLAIN AND CONTRAST AXIAL	GENERAL	GROUP-1	9,500.00	9,500.00	9,500.00
CT CHEST PLAIN AXIAL	GENERAL	GROUP-1	3,700.00	3,700.00	3,700.00
CT CON-CONTRAST 100 ml	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT DUP-DUPLICATE CT FILM CHARGES	GENERAL	GROUP-1	500.00	500.00	500.00
CT EXT- EXTREMITIES	GENERAL	GROUP-1	5,000.00	5,000.00	5,000.00
CT FACE CONTRAST AXIAL AND CORONAL	GENERAL	GROUP-1	8,000.00	8,000.00	8,000.00
CT FACE PLAIN AND AXIAL CORONAL	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT FACE PLAIN AND CONTRAST AXIAL & CORONAL	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT FILM 3-D SINGLE CT LEFT	GENERAL	GROUP-1	500.00	500.00	500.00
CT FILM 3-D SINGLE CT RIGHT	GENERAL	GROUP-1	500.00	500.00	500.00
CT FILM ADDITIONAL SINGLE CT	GENERAL	GROUP-1	500.00	500.00	500.00
CT FILM DUPLICATE SINGLE CT	GENERAL	GROUP-1	500.00	500.00	500.00
CT GASTROGARFFIN 50 ML	GENERAL	GROUP-1	850.00	850.00	850.00
CT GUIDED ASPIRATION	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT GUIDED BIOPSY	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT GUIDED PLACEMENT OF PIGTAIL DRAINAGE CATHETER WIT	GENERAL	GROUP-1	14,000.00	14,000.00	14,000.00
CT HIP JOINT	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
CT HRCT SCAN (AREA OF INTEREST)	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT JOINT EACH LEFT	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00

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Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CT JOINT EACH RIGHT	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
CT LIMITED STUDY CONTRAST (AREA OF INTEREST)	GENERAL	GROUP-1	4,500.00	4,500.00	4,500.00
CT LIMITED STUDY PLAIN (AREA OF INTEREST)	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT NECK CONTRAST AXIAL	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT NON IONIC CONTRAST (PER 50 ML)	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
CT ORBIT (PLAIN AXIAL)	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT ORBIT (PLAIN CORONAL)	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT ORBIT PLAIN AND CONTRAST AXIAL	GENERAL	GROUP-1	7,000.00	7,000.00	7,000.00
CT ORBIT PLAIN AND CONTRAST AXIAL CORONAL	GENERAL	GROUP-1	8,000.00	8,000.00	8,000.00
CT ORBIT PLAIN AND CONTRAST CORONAL	GENERAL	GROUP-1	7,000.00	7,000.00	7,000.00
CT ORBIT PLAIN AXIAL & CORONAL	GENERAL	GROUP-1	5,000.00	5,000.00	5,000.00
CT P.N.S PLAIN AND CONTRAST AXIAL	GENERAL	GROUP-1	6,500.00	6,500.00	6,500.00
CT P.N.S PLAIN AND CONTRAST AXIAL & CORONAL	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT P.N.S PLAIN AND CONTRAST CORONAL	GENERAL	GROUP-1	6,500.00	6,500.00	6,500.00
CT P.N.S PLAIN AXIAL	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
CT P.N.S PLAIN AXIAL & CORONAL	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT P.N.S PLAIN CORONAL	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
CT PELVIMETRY CT	GENERAL	GROUP-1	650.00	650.00	650.00
CT PELVIS PLAIN AND CONTRAST AXIAL	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT PELVIS PLAIN AXIAL	GENERAL	GROUP-1	2,600.00	2,600.00	2,600.00
CT PELVIS WITH CONTRAST	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
CT PITUITARY FOSSA PLAIN AND CONTRAST AXIAL & CORONAL	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT RFA (First Session)	GENERAL	GROUP-1	24,000.00	24,000.00	24,000.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : CT**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CT SCANOGRAM	GENERAL	GROUP-1	700.00	700.00	700.00
CT SOPI- SECOND OPINION ON CT PROCEDURE	GENERAL	GROUP-1	800.00	800.00	800.00
CT SPINE PLAIN (AREA OF INTEREST)	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
CT STA-STAGING	GENERAL	GROUP-1	12,000.00	12,000.00	12,000.00
CT TEMPORAL BONE CT	GENERAL	GROUP-1	7,500.00	7,500.00	7,500.00
CT TRI-PHAS- TRIPHASIC	GENERAL	GROUP-1	9,500.00	9,500.00	9,500.00
CT TRIPLE RULE OUT	GENERAL	GROUP-1	8,500.00	8,500.00	8,500.00
CT VCS - VIRTUAL COLONOSCOPY	GENERAL	GROUP-1	10,280.00	10,280.00	10,280.00

Department Wise No. of Test : 70**Department : Cath Lab**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CL - CATH LAB CHARGES FOR PCI (PATEL HOSPITAL)	GENERAL	GROUP-1	10,000.00	10,000.00	10,000.00
CL - CATHLAB CHARGES FOR ANGIOGRAPHY (PATEL HOSPITAL)	GENERAL	GROUP-1	5,000.00	5,000.00	5,000.00
CL 15 MIN FLUOROSCOPY CARDIAC	GENERAL	GROUP-1	1,800.00	1,800.00	1,800.00
CL C-ANGIO CORONARY ANGIOGRAPHY + ANGIOPLASTY	GENERAL	GROUP-1	139,150.00	139,150.00	139,150.00
CL GRAFT STUDY	GENERAL	GROUP-1	37,750.00	37,750.00	37,750.00
CL IABP (INTRA AORTIC BALOON PUMP) INSERTION	GENERAL	GROUP-1	20,000.00	20,000.00	20,000.00
CL LHC (LEFT HEART CATH) CORONARY ANGIOGRAPHY	GENERAL	GROUP-1	20,000.00	20,000.00	20,000.00
CL PCI (PERCUTANEOUS CORONARY INTERVENTION) ANGIOPLASTY	GENERAL	GROUP-1	60,500.00	60,500.00	60,500.00
CL PERICARDIOCENTESIS	GENERAL	GROUP-1	3,300.00	3,300.00	3,300.00
CL PERIPHERAL ANGIOGRAPHY	GENERAL	GROUP-1	30,250.00	30,250.00	30,250.00
CL PPM (PERMENANT PACEMAKER) INSERTION. DUAL CHAMBER	GENERAL	GROUP-1	48,400.00	48,400.00	48,400.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Cath Lab**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CL PPM (PERMENANT PACEMAKER) INSERTION. SINGLE CHAMBER	GENERAL	GROUP-1	37,750.00	37,750.00	37,750.00
CL PRIMARY PCI	GENERAL	GROUP-1	72,600.00	72,600.00	72,600.00
CL PTMC (MITRAL COMMISUROTOMY)	GENERAL	GROUP-1	133,100.00	133,100.00	133,100.00
CL RELOOK ANGIOGRAPHY	GENERAL	GROUP-1	6,100.00	6,100.00	6,100.00
CL RHC (RIGHT HEART CATH)	GENERAL	GROUP-1	30,250.00	30,250.00	30,250.00
CL TPM (TEMPORARY PACEMAKER INSERTION)	GENERAL	GROUP-1	7,000.00	7,000.00	7,000.00
CLVIR - ABDOMINAL ANGIOGRAPHY	GENERAL	GROUP-1	14,300.00	14,300.00	14,300.00
CLVIR - BALOON PLASTY	GENERAL	GROUP-1	17,500.00	17,500.00	17,500.00
CLVIR - CAROTID ANGIOGRAPHY	GENERAL	GROUP-1	14,300.00	14,300.00	14,300.00
CLVIR - CATH LAB CHARGES	GENERAL	GROUP-1	18,150.00	18,150.00	18,150.00
CLVIR - CEREBRAL ANGIOGRAPHY	GENERAL	GROUP-1	15,000.00	15,000.00	15,000.00
CLVIR - CVP LINE INSERTION	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
CLVIR - DJ STENTING BILATERAL	GENERAL	GROUP-1	17,000.00	17,000.00	17,000.00
CLVIR - DJ STENTING UNILATERAL	GENERAL	GROUP-1	9,500.00	9,500.00	9,500.00
CLVIR - FLUOROSCOPY ASSISTANCE FOR VIR	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
CLVIR - FLUOROSCOPY BASIC	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
CLVIR - IVC FILTER INSERTION	GENERAL	GROUP-1	24,000.00	24,000.00	24,000.00
CLVIR - PCN BILATERAL	GENERAL	GROUP-1	7,000.00	7,000.00	7,000.00
CLVIR - PCN UNILATERAL LEFT	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
CLVIR - PCN UNILATERAL RIGHT	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
CLVIR - PERCUTANEOUS GASTROSTOMY	GENERAL	GROUP-1	12,000.00	12,000.00	12,000.00
CLVIR - PERIPHERAL ANGIOGRAPHY LOWER EXTREMITY	GENERAL	GROUP-1	15,000.00	15,000.00	15,000.00
CLVIR - PERIPHERAL ANGIOGRAPHY UPPER EXTREMITY	GENERAL	GROUP-1	15,000.00	15,000.00	15,000.00
CLVIR - PERIPHERAL ANGIOPLASTY	GENERAL	GROUP-1	30,250.00	30,250.00	30,250.00

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Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CLVIR - PERIPHERAL LIMB SALVAGE	GENERAL	GROUP-1	33,000.00	33,000.00	33,000.00
CLVIR - PERIPHERAL PROFESSION FEES	GENERAL	GROUP-1	12,100.00	12,100.00	12,100.00
CLVIR - PERMACATH INSERTION	GENERAL	GROUP-1	8,000.00	8,000.00	8,000.00
CLVIR - PICC LINE	GENERAL	GROUP-1	7,000.00	7,000.00	7,000.00
CLVIR - PIGTAIL INSERTION	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
CLVIR - PTC WITH DRAINAGE CATHETER	GENERAL	GROUP-1	12,000.00	12,000.00	12,000.00
CLVIR - PTC WITH STENTING	GENERAL	GROUP-1	30,000.00	30,000.00	30,000.00
CLVIR - RENAL ANGIOGRAPHY	GENERAL	GROUP-1	15,000.00	15,000.00	15,000.00
CLVIR - RFA (First Session)	GENERAL	GROUP-1	24,000.00	24,000.00	24,000.00
CLVIR - RFA (Follow - Up)	GENERAL	GROUP-1	12,000.00	12,000.00	12,000.00
CLVIR - SPINAL ANGIOGRAPHY	GENERAL	GROUP-1	14,300.00	14,300.00	14,300.00
CLVIR - TACE WITH MICRO - CATHETER	GENERAL	GROUP-1	30,000.00	30,000.00	30,000.00
CLVIR - TACE WITHOUT MICRO - CATHETER	GENERAL	GROUP-1	30,000.00	30,000.00	30,000.00
CLVIR - TRANSARTERIAL EMBOLIZATION WITH GEL FOAM	GENERAL	GROUP-1	22,500.00	22,500.00	22,500.00
CLVIR - TRANSARTERIAL EMBOLIZATION WITH COIL (SINGLE)	GENERAL	GROUP-1	22,500.00	22,500.00	22,500.00
CLVIR - TRANSARTERIAL EMBOLIZATION WITH PVA	GENERAL	GROUP-1	22,500.00	22,500.00	22,500.00
CLVIR - TRANSJUGULAR BIOPSY OF LIVER	GENERAL	GROUP-1	22,500.00	22,500.00	22,500.00
CLVIR - ULTRASOUND - GUIDED BIOPSY (ANY)	GENERAL	GROUP-1	3,100.00	3,100.00	3,100.00
CLVIR - UTERINE FIBROID EMBOLIZATION	GENERAL	GROUP-1	82,500.00	82,500.00	82,500.00
CLVIR - VENOGRAM	GENERAL	GROUP-1	5,000.00	5,000.00	5,000.00
CLVIR -PTC DIAGNOSIS	GENERAL	GROUP-1	6,800.00	6,800.00	6,800.00
CLVIR PERIPHERAL ANGIOGRAPHY	GENERAL	GROUP-1	14,500.00	14,500.00	14,500.00
PERMANENT PACE MAKER ICD INCERSION	GENERAL	GROUP-1	88,000.00	88,000.00	88,000.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Cath Lab**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat

Department Wise No. of Test : 58**Department : Fluoroscopy**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
BA EN DOU - BARIUM ENEMA DOUBLE CONTRAST	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
BA EN SIN - BARIUM ENEMA SINGLE CONTRAST	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
BA ME - BARIUM MEAL	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
BA MEAL FT - BARIUM MEAL FOLLOW THROUGH	GENERAL	GROUP-1	6,000.00	6,000.00	6,000.00
BA SW - BARIUM SWALLOW	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
FIST - FISTULOGAM	GENERAL	GROUP-1	1,600.00	1,600.00	1,600.00
FL - BARIUM FOLLOW THROUGH	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
FL - BARIUM SWALLOW & MEAL	GENERAL	GROUP-1	3,700.00	3,700.00	3,700.00
FL - BARIUM SWALLOW MEAL & FOLLOW THROUGH	GENERAL	GROUP-1	6,000.00	6,000.00	6,000.00
FL - DACROCYSTOGRAM	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
FL - DAEFECATING PROCTOGRAM	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
FL - ERCP ASSISTANCE	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
FL - GRAFIN ENE - GASTROGRAFIN ENEMA	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
FL - GRAFIN MEAL - GASTROGRAFIN MEAL	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
FL - GRAFIN SWAL & MEAL - GASTROGRAFIN SWALLOW & MEAL	GENERAL	GROUP-1	4,500.00	4,500.00	4,500.00
FL - GRAFIN SWAL & MEAL FT - GASTROGRAFIN SWALLOW & MEAL FT	GENERAL	GROUP-1	5,000.00	5,000.00	5,000.00
FL - GRAFIN SWAL - GASTROGRAFIN SWALLOW	GENERAL	GROUP-1	2,500.00	2,500.00	2,500.00

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Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
FL - RETROGRADE PYELOGRAM	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
FL - SBE - SMALL BOWEL ENEMA	GENERAL	GROUP-1	6,500.00	6,500.00	6,500.00
FL - SIALOGRAM	GENERAL	GROUP-1	3,000.00	3,000.00	3,000.00
FL - UROG 76% - UROGRAHIN 76 % (20mls)	GENERAL	GROUP-1	350.00	350.00	350.00
FL - USE OF FLUOROSCOPY	GENERAL	GROUP-1	900.00	900.00	900.00
HYSTO - HYSTEROSALPINGOGRAM	GENERAL	GROUP-1	2,500.00	2,500.00	2,500.00
LOOP - LOOPOGRAM	GENERAL	GROUP-1	3,000.00	3,000.00	3,000.00
MCUG & MICTURATING CYSTOURETHROGRAM	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
NEPHG - NEPHROSTOGRAM	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
NIC - NON IONIC CONTRAST 10 ML	GENERAL	GROUP-1	800.00	800.00	800.00
NIC 20 - NON IONIC CONTRAST 20 ML	GENERAL	GROUP-1	1,400.00	1,400.00	1,400.00
NIC 40 - NON IONIC CONTRAST 40 ML	GENERAL	GROUP-1	2,800.00	2,800.00	2,800.00
NIC 80 - NON IONIC CONTRAST 80 ML.	GENERAL	GROUP-1	5,500.00	5,500.00	5,500.00
SINO - SINOGRAM	GENERAL	GROUP-1	2,500.00	2,500.00	2,500.00
URET & URETHROGRAM	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00

Department Wise No. of Test : 32**Department : MRI**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
MRA AORTA ANGIOGRAM (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRA CAROTID ANGIOGRAM (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRA EXTREMITY ANGIOGRAM (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRA RENAL ANGIOGRAM (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI & MRV BRAIN WITH CONTRAST (MMIH)	GENERAL	GROUP-1	9,800.00	9,800.00	9,800.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : MRI**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
MRI ABDOMEN (FULL STUDY) PLAIN (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI ABDOMEN (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI ABDOMEN + MRCP (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI ABDOMEN + MRCP (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	9,800.00	9,800.00	9,800.00
MRI ADDITIONAL (MMIH)	GENERAL	GROUP-1	1,700.00	1,700.00	1,700.00
MRI ANKLE (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI ANKLE (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI BRAIN (FULL STUDY) (MMIH)	GENERAL	GROUP-1	4,800.00	4,800.00	4,800.00
MRI BRAIN (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	7,600.00	7,600.00	7,600.00
MRI BRAIN (SCREENING) (MMIH)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
MRI BRAIN AND MRA (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI BRAIN AND MRV (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI BRAIN MRA + MRV (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI BREAST BILATERAL (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	12,100.00	12,100.00	12,100.00
MRI BREAST BILATERAL (PLAIN) (MMIH)	GENERAL	GROUP-1	6,300.00	6,300.00	6,300.00
MRI BREAST UNILATERAL (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	9,800.00	9,800.00	9,800.00
MRI BREAST UNILATERAL (PLAIN) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI CERVICAL SPINE (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI CERVICAL SPINE (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI CERVICAL SPINE (SCREENING) (MMIH)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
MRI CONTRAST (MMIH)	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00
MRI DORSAL SPINE (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI DORSAL SPINE (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : MRI**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
MRI DORSAL SPINE (SCREENING) (MMIH)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
MRI ELBOW (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI ELBOW (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI FACIAL (FULL STUDY) (MMIH)	GENERAL	GROUP-1	4,800.00	4,800.00	4,800.00
MRI FACIAL (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	7,600.00	7,600.00	7,600.00
MRI FOOT (FULL STUDY) PLAIN (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI FOOT (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI FOREARM (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI FOREARM (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI HAND (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI HAND (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI HIP (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI HIP (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI HUMERUS (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI HUMERUS (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI ICA (FULL STUDY) (MMIH)	GENERAL	GROUP-1	4,800.00	4,800.00	4,800.00
MRI ICA (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	7,600.00	7,600.00	7,600.00
MRI KNEE (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI KNEE (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI LEG (FULL STUDY) PLAIN (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI LEG (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI LUMBAR SPINE (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI LUMBAR SPINE (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI LUMBAR SPINE (SCREENING) (MMIH)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
MRI M.R.C.P (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : MRI**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
MRI NECK (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI NECK (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI ORBITS (FULL STUDY) (MMIH)	GENERAL	GROUP-1	4,800.00	4,800.00	4,800.00
MRI ORBITS (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	7,600.00	7,600.00	7,600.00
MRI PELVIS (FULL STUDY) PLAIN (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI PELVIS (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI PITUITARY (FULL STUDY) (MMIH)	GENERAL	GROUP-1	4,800.00	4,800.00	4,800.00
MRI PITUITARY (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	7,600.00	7,600.00	7,600.00
MRI SHOULDER (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI SHOULDER (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI THIGH (FULL STUDY) PLAIN (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI THIGH (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00
MRI WRIST (FULL STUDY) (MMIH)	GENERAL	GROUP-1	5,200.00	5,200.00	5,200.00
MRI WRIST (PLAIN + CONTRAST) (MMIH)	GENERAL	GROUP-1	8,300.00	8,300.00	8,300.00

Department Wise No. of Test : 67**Department : NEUROLOGY (DIAGNOSTIC)**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
BAEP - BRAINSTEM AUDITORY EVOKED POTENTIAL	GENERAL	GROUP-1	4,200.00	4,200.00	4,200.00
EEG & ELECTROENCEPHALOGRAPHY	GENERAL	GROUP-1	3,250.00	3,250.00	3,250.00
EMG- ELECTROMYOGRAPHY	GENERAL	GROUP-1	6,500.00	6,500.00	6,500.00
NCS - NERVE CONDUCTION STUDY	GENERAL	GROUP-1	3,500.00	3,500.00	3,500.00
POEEG & PORTABLE ELECTROENCEPHALOGRAPHY	GENERAL	GROUP-1	4,600.00	4,600.00	4,600.00
POEMG- PORTABLE ELECTROMYOGRAPHY	GENERAL	GROUP-1	7,700.00	7,700.00	7,700.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : NEUROLOGY (DIAGNOSTIC)**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
VEP - VISUAL EVOKED POTENTIAL	GENERAL	GROUP-1	4,200.00	4,200.00	4,200.00

Department Wise No. of Test : 7**Department : PFT**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
PULMONARY FUNCTION TEST (PFT)	GENERAL	GROUP-1	1,100.00	1,100.00	1,100.00

Department Wise No. of Test : 1**Department : Physiotherapy**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
EXERCISE THERAPY AND FITNESS PACKAGE	GENERAL	GROUP-1	6,000.00	6,000.00	6,000.00
PHYSIO HOME BASE FOLLOW UP 4 WEEK	GENERAL	GROUP-1	500.00	500.00	500.00
PHYSIO HOME BASE FOLLOW UP 1 WEEK	GENERAL	GROUP-1	550.00	550.00	550.00
PHYSIO HOME BASE FOLLOW UP 2 WEEK	GENERAL	GROUP-1	550.00	550.00	550.00
PHYSIO HOME BASE INITIAL VISIT	GENERAL	GROUP-1	600.00	600.00	600.00
PHYSIOTHERAPY CHEST	GENERAL	GROUP-1	350.00	350.00	350.00
PHYSIOTHERAPY LIMB	GENERAL	GROUP-1	350.00	350.00	350.00
PHYSIOTHERAPY MOBILIZATION	GENERAL	GROUP-1	350.00	350.00	350.00
PHYSIOTHERAPY OUT PATIENT	GENERAL	GROUP-1	500.00	500.00	500.00

Department Wise No. of Test : 9

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Ultrasound**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
ABD W ASP - ABDOMEN WITH ASPIRATION/DRAIN	GENERAL	GROUP-1	3,650.00	3,650.00	3,650.00
ABDC - WHOLE ABDOMEN	GENERAL	GROUP-1	2,200.00	2,200.00	2,200.00
AMN - ASPIRATION AMNIOTIC FLUID	GENERAL	GROUP-1	3,750.00	3,750.00	3,750.00
AMN IN - AMNIOTIC FLUID INDEX	GENERAL	GROUP-1	450.00	450.00	450.00
AMN JP - AMNIOCENTESIS	GENERAL	GROUP-1	4,100.00	4,100.00	4,100.00
APP - APPENDIX	GENERAL	GROUP-1	880.00	880.00	880.00
ASC T - ASCITIC TAP (THERAPUTIC)	GENERAL	GROUP-1	3,560.00	3,560.00	3,560.00
ASP ADD - ASPIRATION/DRAINAGE ADDITIONAL	GENERAL	GROUP-1	4,100.00	4,100.00	4,100.00
ASP DIAG - DIAGNOSTIC ASPIRATION	GENERAL	GROUP-1	2,200.00	2,200.00	2,200.00
BIO - BIOPSY (FNA)	GENERAL	GROUP-1	3,650.00	3,650.00	3,650.00
BIO P - BIOPHISICAL PROFILE	GENERAL	GROUP-1	2,450.00	2,450.00	2,450.00
BIO P D - BIOPHYSICAL PROF.WITH DOPPLER	GENERAL	GROUP-1	2,350.00	2,350.00	2,350.00
BIO PROS - BIOPSY PROSTATE	GENERAL	GROUP-1	5,600.00	5,600.00	5,600.00
BIO TV - BIOPSY (TRANS VAGINAL)	GENERAL	GROUP-1	3,350.00	3,350.00	3,350.00
BLAD - BLADDER	GENERAL	GROUP-1	880.00	880.00	880.00
BRE - BREAST	GENERAL	GROUP-1	880.00	880.00	880.00
BRE B - BREAST (BOTH)	GENERAL	GROUP-1	1,750.00	1,750.00	1,750.00
BREAST ULTRASOUND BILATERAL (Camp)	GENERAL	GROUP-1	.01	.01	.01
C DOP C - COLOR DOPPLER CAROTID	GENERAL	GROUP-1	4,850.00	4,850.00	4,850.00
C DOP E - COLOR DOPPLER EXTREMITY	GENERAL	GROUP-1	3,650.00	3,650.00	3,650.00
C DOP EB - COLOR DOPPLER EXTREMITY (BOTH)	GENERAL	GROUP-1	7,350.00	7,350.00	7,350.00
C DOP V - COLOR DOPPLER VISCERAL (RENAL/PORTAL VEIN)	GENERAL	GROUP-1	4,850.00	4,850.00	4,850.00
CH - CHEST	GENERAL	GROUP-1	1,050.00	1,050.00	1,050.00
DOP - DOPPLER B/W	GENERAL	GROUP-1	3,350.00	3,350.00	3,350.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Ultrasound**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
DOP P - PENILE DOPPLER STUDIES	GENERAL	GROUP-1	2,900.00	2,900.00	2,900.00
EXT - EXTREMITY	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
FAS - FETAL ANOMALY SCAN	GENERAL	GROUP-1	1,350.00	1,350.00	1,350.00
FAST - FAST ULTRASOUND	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
FAST P - FAST ULTRASOUND PORTABLE	GENERAL	GROUP-1	1,450.00	1,450.00	1,450.00
FASTP - FETAL ANOMALY SCAN FOR TWIN PREGNANCY	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
FOLL - PELVIS,FOLLICLE GROWTH	GENERAL	GROUP-1	950.00	950.00	950.00
FP - FAILED PROCEDURE	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
HEA - HEAD	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
KID - KIDNEYS	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
KUB - KIDNEYS URETERS & BLADDER	GENERAL	GROUP-1	1,350.00	1,350.00	1,350.00
LIV GB - LIVER/G.BLADDER OR BOTH	GENERAL	GROUP-1	880.00	880.00	880.00
LTD US - LIMITED ULTRASOUND (ONE ORGAN)	GENERAL	GROUP-1	750.00	750.00	750.00
MAMMOGRAPHY WITH ULTRASOUND (EXEC. PKG)	GENERAL	GROUP-1	2,000.00	2,000.00	2,000.00
MONOPTY - BIOPSY WITH MONOPTY GUN	GENERAL	GROUP-1	9,350.00	9,350.00	9,350.00
NECK - NECK	GENERAL	GROUP-1	1,650.00	1,650.00	1,650.00
NEEDLE BIOPSY FOR BREAST SCREENING (CAMP)	GENERAL	GROUP-1	.01	.01	.01
PEL - PELVIS FOR FEMALE	GENERAL	GROUP-1	650.00	650.00	650.00
PEL DOP - PELVIS / OBS. DOPPLER STUDIES	GENERAL	GROUP-1	2,350.00	2,350.00	2,350.00
PEL OB - PELVIS FOR FEMALE(OBS.).	GENERAL	GROUP-1	650.00	650.00	650.00
PEL OBT - PELVIS FOR FEMALE(OBS.) FOR TWIN PREGNANCY	GENERAL	GROUP-1	2,150.00	2,150.00	2,150.00
PEL TV - PELVIS (TRANSVAGINAL)	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
PELM - PELVIS FOR MALE	GENERAL	GROUP-1	650.00	650.00	650.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Ultrasound**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
PLU A - PLURAL ASP. UNDER ULTRASOUND (THERAPUTIC)	GENERAL	GROUP-1	3,650.00	3,650.00	3,650.00
PORT - PORTABLE U/S	GENERAL	GROUP-1	350.00	350.00	350.00
PROS - INTRA-RECTAL PROSTATE	GENERAL	GROUP-1	1,450.00	1,450.00	1,450.00
TEST - TESTES	GENERAL	GROUP-1	1,750.00	1,750.00	1,750.00
THY - THYROID	GENERAL	GROUP-1	1,350.00	1,350.00	1,350.00
TRF - TRANSRECTAL (FEMALE)	GENERAL	GROUP-1	1,350.00	1,350.00	1,350.00
TRU B - TRUCUT BIOPSY (CAMP)	GENERAL	GROUP-1	.01	.01	.01
TRU B - TRUCUT/SURECUT BIOPSY	GENERAL	GROUP-1	4,450.00	4,450.00	4,450.00
U ABD - UPPER ABDOMEN	GENERAL	GROUP-1	1,350.00	1,350.00	1,350.00
ULTRASOUND PROSTATE	GENERAL	GROUP-1	950.00	950.00	950.00
US - PIGTAIL INSERTION	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
US - ULTRASOUND FOLLOW - UP	GENERAL	GROUP-1	500.00	500.00	500.00
VER - VARICOCELE/SCROTUM(COLOR DOP.)	GENERAL	GROUP-1	4,250.00	4,250.00	4,250.00

Department Wise No. of Test : 60**Department : Uroflowmetry**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
UROF- UROFLOWMETRY	GENERAL	GROUP-1	660.00	660.00	660.00

Department Wise No. of Test : 1**Department : Urology Diagnostic**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
ESWL - LITHOTRIPSY FIRST SESSION	GENERAL	GROUP-1	15,500.00	15,500.00	15,500.00
ESWL - LITHOTRIPSY FOLLOW UP SESSION	GENERAL	GROUP-1	4,000.00	4,000.00	4,000.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : Urology Diagnostic**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat

Department Wise No. of Test : 2**Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
A C J B - AC JOINTS BOTH	GENERAL	GROUP-1	690.00	690.00	690.00
ABD 1 - ABDOMEN (KUB)1 VIEW	GENERAL	GROUP-1	690.00	690.00	690.00
ABD 2 - ABDOMEN (2 VIEWS)	GENERAL	GROUP-1	1,100.00	1,100.00	1,100.00
ABD 3 - ABDOMEN 3 VIEWS	GENERAL	GROUP-1	1,270.00	1,270.00	1,270.00
ABD E - ABDOMEN ERECT	GENERAL	GROUP-1	690.00	690.00	690.00
ABD HEM - ABDOMEN (ONE SIDE)	GENERAL	GROUP-1	790.00	790.00	790.00
ADD 1 - ADDL.1 VIEW	GENERAL	GROUP-1	430.00	430.00	430.00
ANK - LOWER EXTREMITY ANKLE LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
ANK - LOWER EXTREMITY ANKLE RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
ANKB-LOWER EXTREMITY ANKLE (BILATERAL)	GENERAL	GROUP-1	1,650.00	1,650.00	1,650.00
BABY - BABYGRAM	GENERAL	GROUP-1	800.00	800.00	800.00
BIL-LAT BILATERAL KNEE AP & LT. LAT	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
BIL-LAT BILATERAL KNEE AP & RT. LAT	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
BON A - BONE AGE (ADULT)	GENERAL	GROUP-1	1,050.00	1,050.00	1,050.00
BONE - EXTREMITY (BONE AGE PED.)	GENERAL	GROUP-1	720.00	720.00	720.00
C ARM - USE OF C ARM 1 HR. OR LESS	GENERAL	GROUP-1	4,960.00	4,960.00	4,960.00
C ARM ADD. - C ARM ADDL.HR. OR PART	GENERAL	GROUP-1	3,290.00	3,290.00	3,290.00
C SP 2 - CERVICAL SPINE (2 VIEWS)	GENERAL	GROUP-1	900.00	900.00	900.00
C SPI 1 - CERVICAL SPINE	GENERAL	GROUP-1	800.00	800.00	800.00
C SPI 5 - CERVICAL SPINE (3-5 VIEWS)	GENERAL	GROUP-1	1,800.00	1,800.00	1,800.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
CARM30 - USE OF C ARM FOR 30 MIN.OR LESS	GENERAL	GROUP-1	3,000.00	3,000.00	3,000.00
CEPH	GENERAL	GROUP-1	1,100.00	1,100.00	1,100.00
CHE 1 - CHEST ROUTINE	GENERAL	GROUP-1	470.00	470.00	470.00
CHE 2 - CHEST (2 VIEWS)	GENERAL	GROUP-1	900.00	900.00	900.00
CHE 3 - CHEST (3 VIEWS)	GENERAL	GROUP-1	1,300.00	1,300.00	1,300.00
CHE LAT - CHEST LATERAL LEFT	GENERAL	GROUP-1	470.00	470.00	470.00
CHE LAT - CHEST LATERAL RIGHT	GENERAL	GROUP-1	470.00	470.00	470.00
CHE P - CHEST PORTABLE	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
CLAV - UPPER EXTREMITY CLAVICLE LEFT	GENERAL	GROUP-1	430.00	430.00	430.00
CLAV - UPPER EXTREMITY CLAVICLE RIGHT	GENERAL	GROUP-1	430.00	430.00	430.00
CLAVB - UPPER EXTREMITY CLAVICLE (BILATERAL)	GENERAL	GROUP-1	820.00	820.00	820.00
COCC - COCCYX	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
ELBO - UPPER EXTREMITY ELBOW LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
ELBO - UPPER EXTREMITY ELBOW RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
ELBOB - UPPER EXTREMITY ELBOW (BILATERAL)	GENERAL	GROUP-1	1,650.00	1,650.00	1,650.00
EXT - DUPLICATE FILM(S)	GENERAL	GROUP-1	600.00	600.00	600.00
EXT LF - EXTREMITY (LONG FILM)	GENERAL	GROUP-1	2,400.00	2,400.00	2,400.00
FAC B - FACIAL BONES	GENERAL	GROUP-1	1,100.00	1,100.00	1,100.00
FAIL SP - FAILED SPECIAL PROCEDURE	GENERAL	GROUP-1	1,060.00	1,060.00	1,060.00
FEM - LOWER EXTREMITY FEMUR LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
FEM - LOWER EXTREMITY FEMUR RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
FEMB - LOWER EXTREMITY FEMUR (BILATERAL)	GENERAL	GROUP-1	1,600.00	1,600.00	1,600.00
FIN - UPPER EXTREMITY FINGER LEFT	GENERAL	GROUP-1	370.00	370.00	370.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
FIN - UPPER EXTREMITY FINGER RIGHT	GENERAL	GROUP-1	370.00	370.00	370.00
FOOT - LOWER EXTREMITY FOOT LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
FOOT - LOWER EXTREMITY FOOT RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
FOOT 1 - LOWER EXTREMITY FOOT (1 VIEW)	GENERAL	GROUP-1	450.00	450.00	450.00
FOOTB - LOWER EXTREMITY FOOT (BILATERAL)	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
FOR - UPPER EXTREMITY FOREARM LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
FOR - UPPER EXTREMITY FOREARM RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
FORB - UPPER EXTREMITY FOREARM (BILATERAL)	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
HAN-UPPER EXTREMITY HAND (UNILATERAL) LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
HAN-UPPER EXTREMITY HAND (UNILATERAL) RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
HANB-UPPER EXTREMITY HAND (BILATERAL)	GENERAL	GROUP-1	1,600.00	1,600.00	1,600.00
HEEL - LOWER EXTREMITY OSCALCIS LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
HEEL - LOWER EXTREMITY OSCALCIS RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
HEELB - LOWER EXTREMITY OSCALCIS (BILATERAL)	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
HIP 1 - PELVIS AP & LAT HIP	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
HIP 2 - LOWER EXTREMITY HIPS AP LAT	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
HUM - UPPER EXTREMITY HUMERUS LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
HUM - UPPER EXTREMITY HUMERUS RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
HUMB-UPPER EXTREMITY HUMERUS (BILATERAL)	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
IAC - INTERNAL AUDITORY CANAL	GENERAL	GROUP-1	950.00	950.00	950.00
IMM CHE - CHEST (MED. EXAMINATION)	GENERAL	GROUP-1	670.00	670.00	670.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
IVP - IVP / IVU	GENERAL	GROUP-1	4,500.00	4,500.00	4,500.00
KNE - LOWER EXTREMITY KNEE LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
KNE - LOWER EXTREMITY KNEE RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
KNE B - KNEE JOINTS BOTH	GENERAL	GROUP-1	1,500.00	1,500.00	1,500.00
KNE SK - KNEE WITH SKYLINE VIEW LEFT	GENERAL	GROUP-1	1,150.00	1,150.00	1,150.00
KNE SK - KNEE WITH SKYLINE VIEW RIGHT	GENERAL	GROUP-1	1,150.00	1,150.00	1,150.00
KNE SKB - KNEES BOTH & SKYLINE VIEWS	GENERAL	GROUP-1	1,800.00	1,800.00	1,800.00
L SPI 3 - LUMBO SACRAL SPINE (2-3) VIEWS	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
L SPI 5 - LUMBO SACRAL SPINE (4-5 VIEWS)	GENERAL	GROUP-1	1,850.00	1,850.00	1,850.00
LAT S - LATERAL SKULL	GENERAL	GROUP-1	520.00	520.00	520.00
MAMMOGRAPHY BILATERAL	GENERAL	GROUP-1	1,800.00	1,800.00	1,800.00
MAMMOGRAPHY BILATERAL MLO	GENERAL	GROUP-1	850.00	850.00	850.00
MAMMOGRAPHY BILATERAL WITH ULTRASOUND PACKAGE	GENERAL	GROUP-1	2,660.00	2,660.00	2,660.00
MAMMOGRAPHY BILATEREL (Camp)	GENERAL	GROUP-1	.01	.01	.01
MAMMOGRAPHY LIMITED	GENERAL	GROUP-1	2,180.00	2,180.00	2,180.00
MAMMOGRAPHY MAGNIFIED VIEW/SINGLE VIEW/CONE VIEW	GENERAL	GROUP-1	850.00	850.00	850.00
MAMMOGRAPHY NEEDLE LOCALIZATION	GENERAL	GROUP-1	4,840.00	4,840.00	4,840.00
MAMMOGRAPHY NEEDLE LOCALIZATION ADDITIONAL NEEDLE	GENERAL	GROUP-1	3,310.00	3,310.00	3,310.00
MAMMOGRAPHY SCREENING	GENERAL	GROUP-1	730.00	730.00	730.00
MAMMOGRAPHY UNILATERAL LEFT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
MAMMOGRAPHY UNILATERAL RIGHT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE	GENERAL	GROUP-1	2,180.00	2,180.00	2,180.00
MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE LEFT	GENERAL	GROUP-1	2,180.00	2,180.00	2,180.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
MAMMOGRAPHY UNILATERAL WITH ULTRASOUND PACKAGE RIGHT	GENERAL	GROUP-1	2,180.00	2,180.00	2,180.00
MAND - MANDIBLE	GENERAL	GROUP-1	1,200.00	1,200.00	1,200.00
MAS - MASTOIDS	GENERAL	GROUP-1	1,070.00	1,070.00	1,070.00
NECK - NECK SOFT TISSUE/ADENOIDS	GENERAL	GROUP-1	600.00	600.00	600.00
NECK F B - NECK (FOREIGN BODY)	GENERAL	GROUP-1	600.00	600.00	600.00
O FORA - OPTIC FORAMEN	GENERAL	GROUP-1	900.00	900.00	900.00
OPG & CEPH	GENERAL	GROUP-1	1,600.00	1,600.00	1,600.00
OPG - ORTHOPANTOMOGRAPHY	GENERAL	GROUP-1	700.00	700.00	700.00
ORB - ORBITS	GENERAL	GROUP-1	890.00	890.00	890.00
ORB FB - ORBITS (F.B) LOCAL	GENERAL	GROUP-1	1,190.00	1,190.00	1,190.00
PATE - LOWER EXTREMITY PATELLA 2 VIEW	GENERAL	GROUP-1	660.00	660.00	660.00
PEL - PELVIS	GENERAL	GROUP-1	850.00	850.00	850.00
PELV 1 - LATERAL PELVIMETRY ONLY	GENERAL	GROUP-1	790.00	790.00	790.00
PELV 2 - ABDOMEN PELVIMETRY (AP & LAT)	GENERAL	GROUP-1	960.00	960.00	960.00
PN SP - POST NASAL SPACE	GENERAL	GROUP-1	460.00	460.00	460.00
PNS 2 - PARA NASAL SINUSES (TWO VIEWS)	GENERAL	GROUP-1	900.00	900.00	900.00
PNS 4 - PARA NASAL SINUSES (4 VIEWS)	GENERAL	GROUP-1	920.00	920.00	920.00
PORT - PORTABLE X-RAY	GENERAL	GROUP-1	500.00	500.00	500.00
RIB B - RIBS BILATERAL	GENERAL	GROUP-1	900.00	900.00	900.00
RIB U - RIBS UNILATERAL LEFT	GENERAL	GROUP-1	600.00	600.00	600.00
RIB U - RIBS UNILATERAL RIGHT	GENERAL	GROUP-1	600.00	600.00	600.00
S C JTS - STERNO-CLAVICULAR JOINTS	GENERAL	GROUP-1	660.00	660.00	660.00
SAC - SACRUM	GENERAL	GROUP-1	900.00	900.00	900.00
SC0 5 - SPINE SCOL. SERIES 4-5 FILMS	GENERAL	GROUP-1	4,240.00	4,240.00	4,240.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
SCA - UPPER EXTREMITY SCAPULA	GENERAL	GROUP-1	900.00	900.00	900.00
SCAP - UPPER EXTREMITY SCAPHOID	GENERAL	GROUP-1	900.00	900.00	900.00
SCO - SPINE SCOLIOSIS 2-3 VIEWS	GENERAL	GROUP-1	2,060.00	2,060.00	2,060.00
SELL - SELLA TURCICA	GENERAL	GROUP-1	720.00	720.00	720.00
SHO - UPPER EXTREMITY SHOULDER LEFT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
SHO - UPPER EXTREMITY SHOULDER RIGHT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
SHOB-UPPER EXTREMITY SHOULDER (BILATERAL)	GENERAL	GROUP-1	1,800.00	1,800.00	1,800.00
SI JTS 1 - SACRO ILIAC JOINTS (AP)	GENERAL	GROUP-1	500.00	500.00	500.00
SI JTS 3 - SACRO ILIAC JOINTS (1-3 VIEWS)	GENERAL	GROUP-1	1,050.00	1,050.00	1,050.00
SKUL - SKULL	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
SKUL - SKULL LEFT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
SKUL - SKULL RIGHT	GENERAL	GROUP-1	1,000.00	1,000.00	1,000.00
SKY - SKYLINE VIEW KNEE	GENERAL	GROUP-1	480.00	480.00	480.00
SP LF - SPINE (LONG FILM) AP	GENERAL	GROUP-1	1,700.00	1,700.00	1,700.00
SPECI - SPECIMEN RADIOGRAPHY	GENERAL	GROUP-1	840.00	840.00	840.00
SPI 1 - SPINE (1 VIEW)	GENERAL	GROUP-1	600.00	600.00	600.00
STERN - STERNUM	GENERAL	GROUP-1	850.00	850.00	850.00
STRE - LOWER EXTREMITY STRESS VIEWS	GENERAL	GROUP-1	800.00	800.00	800.00
SUR H - SURVEYS HEMATOLOGICAL	GENERAL	GROUP-1	4,240.00	4,240.00	4,240.00
SUR M - SURVEYS METASTATIC/SKELETAL	GENERAL	GROUP-1	4,240.00	4,240.00	4,240.00
T IN - THORACIC INLET	GENERAL	GROUP-1	980.00	980.00	980.00
T M JTS - TEMPORO MANDIBULAR JOINTS	GENERAL	GROUP-1	1,330.00	1,330.00	1,330.00
T SPI - THORACIC SPINE	GENERAL	GROUP-1	1,450.00	1,450.00	1,450.00

**SERVICE RATE SETTING STATUS****Client Type : Service Provider****Client Name : Memon Medical Institute****Service Name : Imaging****Rate Setting Status : Finalize****Department : X-Ray**

Test Name	Rate Center	Rate Group	Rate		
			Routine	Urgent	Stat
TH - THUMB LEFT	GENERAL	GROUP-1	370.00	370.00	370.00
TH - THUMB RIGHT	GENERAL	GROUP-1	370.00	370.00	370.00
TIB - TIBIA LEFT	GENERAL	GROUP-1	900.00	900.00	900.00
TIB - TIBIA RIGHT	GENERAL	GROUP-1	900.00	900.00	900.00
TL SPI - THORACO-LUMBAR SPINE	GENERAL	GROUP-1	1,450.00	1,450.00	1,450.00
TOE - LOWER EXTREMITY TOES LEFT	GENERAL	GROUP-1	410.00	410.00	410.00
TOE - LOWER EXTREMITY TOES RIGHT	GENERAL	GROUP-1	410.00	410.00	410.00
TOEB-LOWER EXTREMITY TOES (BILATERAL)	GENERAL	GROUP-1	750.00	750.00	750.00
WRI - UPPER EXTREMITY WRIST LEFT	GENERAL	GROUP-1	850.00	850.00	850.00
WRI - UPPER EXTREMITY WRIST RIGHT	GENERAL	GROUP-1	850.00	850.00	850.00
WRIB-UPPER EXTREMITY WRIST (BILATERAL)	GENERAL	GROUP-1	1,600.00	1,600.00	1,600.00
X-RAY NASAL BONE	GENERAL	GROUP-1	350.00	350.00	350.00
ZYGO - ZYGOMATIC ARCHES	GENERAL	GROUP-1	730.00	730.00	730.00

Department Wise No. of Test : 147**Service wise No. of Test : 460****Total No. of Test : 460**