An ISO 9001:2015 Certified Hospital

MOI TEACHING AND REFERRAL HOSPITAL

PROPOSED USER FEE MANUAL

FOR THE GENERAL WARDS

JULY 2024

FOREWORD

Moi Teaching and Referral Hospital is a National Hospital, established by a Legal Notice No.78 of 12th June 1998 under the State Corporations Act (Cap 446).

In line with the core functions of the Hospital, the establishment of the General Wards has improved access to primary and specialized Healthcare services, access of availability of increased ICU beds, Renal Unit, Mental Health Centre, a fully-fledged Radiography Unit, Neuro- wards, Centers of Excellence such as the Shoe for Africa Hospital, Riley Mother-Bay Hospital, Renovated Nyao Wards, Alcohol and Drug Rehabilitation Unit, AMPATH Centre, Chandaria Chronic Cancer and Communicable Diseases Centre. This includes access by citizens, corporate clients in the Western Region of Kenya, which has in turn translated to more revenue to supplement the Hospital Budget to meet growing demand for healthcare for under-privileged considering the poverty levels in the region and our core business as per the mandate in the legal notice.

This document has been developed as a reference document for cost of all services to be rendered in the process of Healthcare provision in the General Wards and Out Patient of the Hospital.

The increment reflected in this revised Manual was necessitated by the fact that the last review was in the year 2012 and since then, the cost of living has steadily risen due to inflation. This has led to significant increase in prices for consumables (Drugs, Dressings, Food, Oxygen, Food items, Lab, cleansing & Clinic Supplies and Fuel). The Hospital has also revamped its services through provision of wide range of services from Diagnostic (Radiology service, Specialized Services, Surgical Services, and Kidney Transplant among others).

I do take this opportunity to acknowledge and appreciate our esteemed clients especially our corporate National Hospital Insurance Fund (NHIF)/Social Health Authority(SHA) in a special way for having confidence in us and choosing us as your Hospital of choice. On behalf of the Hospital Management and the Hospital Board, I promise that we will strive to offer the best services to you.

Being an ISO certified institution offering, affordable and quality health care will remain our focus and pillar in offering these services to you.

SITOYO LOPOKOIYIT, MBS

CHAIRMAN

ACKNOWLEDGEMENT

I would like to acknowledge the contribution of the following administrative and technical officers in the Hospital towards the development of this User Fee Manual for General Wards:

A. MEMBERS OF THE SENIOR MANAGEMENT

1. Chief Executive Officer
2. Senior Director Clinical Services
3. Senior Director Administration and Finance
4. Director Nursing Services
5. Director Finance
6. Manager Finance

B. COSTING OF HOSPITAL SERVICES COMMITTEE

1. Mathews Birgen	Director, Finance	Chair
2. Dr. Victor Kipyegon	Director, Pharmacy and Nutrition	Member
3. Titus Tarus	Director, Nursing Services	Member
4. Joyce Mutai	Head, Procurement	Member
5. Dr. Kibet Keitany	Head, Pathology Services	Member
6. Dr Ben Samoei	CPHAO	Member
7. Dr Florence Jaguga	Ag Director, MH&RS	Member
8. Bethwel Cheruiyot	Ag Chief Information Officer	Member
9. Dr. Ezekiel Kimutai	Director, Radiology & Imaging	Member
10. Eng Isaac Sambu	Head, Medical Engineering	Member
11. Robert Rono	Accountant	Secretary

Special regards goes to the CEO for his guidance in the review of the User Fee Manual, the HMT for their constructive criticism on the earlier drafts that enabled us to improve on the current document. All HOD'S and all Consultants for their contributions through proposals of their researched market rates and from other key organizations who may have contributed in one way or another.

We have confidence that this document will be implemented and right interpretations of various services and procedures be done as it acts as reference document for all service delivery transactions of the General Wards.

Dr. Philip Kirwa
CHIEF EXECUTIVE OFFICER

Table of Contents

Contents

1. OUT-PATIENT SERVICES DEPARTMENT

A	OUT PATIENT SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CONSULTATION FEE	**CURRENT**	**PROPOSED**	**CURRENT**	**PROPOSED**
1	Consultant	500	1,000	300	500
2	Medical Officer	400	700	200	300
3	Physiotherapy (Per Session)	500	700	300	400
4	Occupational Therapy (Per session)	500	700	300	400
	CAR-E				
1	Admission fees	300	1.000	300	500
2	Counseling	500	700	600	400
	MATERNAL CHILD HEALTH (MCH)				
	ANTENATAL CLINIC				
1	Consultant	500	1,000	300	500
2	Medical Officer	400	700	200	300
3	Midwife/Nursing		500	150	200
	MCH FAMILY PLANNING				
1	Nursing Officer		500	150	200
2	Insertion and Removal of Implants	1,000	1,300	300	500
	MCH WELL BABY CLINIC				
1	Immunization		500	150	200
2	Weighing and Health Education		200	50	100

2. INPATIENT SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Consultant/Specialist Review	300	1,000	250	500
2	Resident Doctor	300	700	250	300
3	Clinical Pharmacist (Charged once)	300	1,000	250	500
	OTHER IN-PATIENT SERVICES				
1	Physiotherapy (Per Session)	500	700	300	400
2	Occupational Therapy (Per session)	500	700	300	400
3	Nursing Care/Professional Fee	500	700	300	400
	DAILY BED CHARGES				
1	Adult Wards	500	1,000	300	500
2	Children Wards	500	1,000	300	500
3	Day Care/Observation OPD	500	1,000	300	500
4	Admission Fee	300	1,000	300	500
5	Nursing fee	300	500	300	400
	DEPOSITS				
1	Medical Deposit	3,000	10,000	3,000	10,000
2	Surgical Emergency Deposit	5,000	25,000	5,000	25,000
	MATERNITY CHARGES				
	MATERNITY DAILY BEDS FEES				
1	Maternity General Ward Bed	300	1,000	300	500
4	Nursing fee	300	500	300	400
	NORMAL DELIVERY CHARGES				
1	Consultant	1,500	3,000	1,500	2,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
2	Medical Doctor	1,500	2,500	1,500	1,500
3	Midwife	1,500	2,500	1,500	1,500
4	Receiving baby by Pediatrician	1,500	2,000	1,500	1,500
	ENT OUT PATIENT SERVICES				
1	Ear syringing Clinic Treatment	NEW	10,000.00	NEW	3,000.00
2	Post operative RNE & Nasal Toileting Clinic Treatment	NEW	10,000.00	NEW	5,000.00
3	Insertion of Earwick Clinic Treatment	NEW	10,000.00	NEW	5,000.00
4	Aural Toilet under Microscope Clinic Treatment	NEW	10,000.00	NEW	5,000.00
5	Nasal Cautery (AgNo3) Clinic Treatment	NEW	5,000.00	NEW	2,000.00
6	Epistaxis ElectroCautery Clinic Treatment	NEW	10,000.00	NEW	5,000.00
7	Flexible Nasolaryngoscopy (nasoendoscopy) Clinic Investigation	NEW	10,000.00	NEW	5,000.00
8	Rigid Videostroboscopy & Voice Clinic Assessment and Treatment Clinic Investigation & Treatment	NEW	20,000.00	NEW	10,000.00
9	Rhinoscopy & FB Removal (Nose) Clinic Treatment	NEW	7,000.00	NEW	3,000.00
10	Pure Tone Audiometry (PTA) Audiology Investigation	NEW	10,000.00	NEW	5,000.00
11	Tympanometry Audiology Investigation	NEW	10,000.00	NEW	5,000.00
12	Acoustic reflexes and ETD assessment Audiology investigation	NEW	5,000.00	NEW	2,500.00
13	Audio-Tympanometry Audiology Investigation	NEW	10,000.00	NEW	5,000.00
14	BERA/ABR & ASSR Audiology Investigation	NEW	15,000.00	NEW	7,500.00

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
15	OtoAcoustic Emissions (OAEs) Audiology Investigation	NEW	5,000.00	NEW	2,500.00
16	Vestibular Assessment Audiology Investigation	NEW	10,000.00	NEW	5,000.00
17	Vestibular Rehabilitation (per session) Audiology Investigation	NEW	3,000.00	NEW	1,500.00
18	Video Otoscopy Audiology Investigation	NEW	5,000.00	NEW	2,500.00
19	Epley's Manoeuvre Clinic Treatment (Audiology)	NEW	15,000.00	NEW	7,500.00
20	Hearing Aid Fitting (Without hearing aid)	NEW	5,000.00	NEW	3,000.00

3. RADIOLOGY SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	i) X- Ray of Extremities				
1	Hand	1,000	1,200	700	900
2	Both Hands	1,500	1,700	1,000	1,200
3	Wrist	1,000	1,200	700	900
4	Both Wrists	1,500	1,700	1,100	1,200
5	Scaphoid views	1,000	1,200	700	900
6	Forearm	1,500	1,700	700	900
7	Both forearms	1,500	1,700	1,000	1,200
8	Elbow	1,000	1,200	700	900
9	Both elbows	1,500	1,700	1,000	1,200
10	Humerus	1,000	1,200	700	900
11	Both humeri	1,500	1,700	1,000	1,200
12	Shoulder	1,000	1,200	700	900
13	Scapula	700	1,700	1,000	1,200
14	Both Scapula	1,500	1,200	1,000	900
15	Both shoulders	1,500	1,700	1,000	1,400
16	Clavicle	1,000	1,200	700	900
17	Both clavicles	1,500	1,700	1,500	1,900
18	Sternoclavicular joint	1,500	1,700	900	1,100
19	Foot	1,000	1,200	700	900
20	Both feet	1,500	1,700	1,000	1,200

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
21	Ankle	1,000	1,200	700	900
22	Both ankles	1,500	1,700	1,000	1,200
23	Leg	1,000	1,200	700	900
24	Both legs	1,500	1,700	1,000	1,200
25	Knee	1,000	1,200	700	900
26	Both knees	1,700	1,500	1,000	1,200
27	Knee skyline view	1,000	1,200	700	900
28	Both knees with skyline view	1,500	1,700	1,000	1,200
29	Femur	1,500	1,700	800	1,000
30	Both femora	2,000	2,200	1,200	1,400
31	Heels	1,000	1,200	700	900
32	Hip	1,500	1,700	900	1,100
33	Both hips	1,500	1,700	1,000	1,200
34	Pelvis	1,500	1,700	1,000	1,200
35	Pelvis and 2 Obliques	2,000	2,400	1,300	1,500
36	Bone Age Assessment	2,000	2,200	2,000	2,200
37	Portable X – rays(Chargeable on top of service rendered)	200	400	200	400
38	Image Intensifier per hour	4,000	4,500	2,000	2,500
	ii) Chest				
1	CHEST PA OR AP	1,000	1,200	800	1,000
2	CHEST PA AND LAT/OBLIQUE	1,500	1,700	1,100	1,300
3	CHEST PA AND 2 LAT/OBLIQUE	1,500	1,700	1,300	1,500
4	RIBS 2 OBLIQUES	1,500	1,700	1,100	1,300
5	THORACIC INLET	1,200	1,200	700	900
	iii) Skull				
1	Skull 2 views	1,500	1,700	1,100	1,200
2	Skull 3 views	2,000	2,000	1,200	1,400
3	Skull 4 views	2,500	2,400	1,500	1,600
4	Pituitary fossa	1,000	2,700	700	900
5	Mandibles with one oblique	1,500	1,400	1,000	1,200
6	Mandibles with two oblique	2,000	1,700	1,200	1,400
7	Facial bones 4 Views	2,500	2,200	1,200	1,400
8	Optic foramina	1,000	1,200	700	900
9	T.M. joints	2,000	2,000	1,200	1,400
10	Mastoids	1,500	2,200	1,200	1,400
11	Paranasal sinuses	2,000	2,000	1,400	1,500

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
12	Postnasal space (PNS) - Soft tissue	1,000	1,200	700	900
13	Maxillary antrum / orbit antrum	1,000	1,200	700	900
14	Orbits 3 views	2,000	2,000	1,400	1,400
15	Nasal bone	1,000	1,200	700	900
	iv) Spine				
1	CERVICAL AP AND LAT	1,500	1,700	1,100	1,300
2	CERVICAL AP AND LAT/OBLIQUE	1,500	1,700	1,300	1,500
3	CERVICAL (5 VIEW) FLEXION AND EXT	2,500	2,700	2,000	2,200
4	THORACIC AP AND LAT	1,500	1,700	1,100	1,300
5	LUMBAR AP AND LAT	1,500	1,700	1,100	1,300
6	LUMBAR AP, LAT AND OBLIQUE	1,500	1,700	1,100	1,300
7	SACRO ILIAC JOINTS	1.500	1,700	1,100	1,300
8	SACRUM AND COCCYX	900	1,200	1,100	1,100
9	SKELETAL SURVEY	5,000	5,000	4,000	4,000
10	WHOLE SPINE	6,000	7,000	7000	6,000
	v) Abdomen				
1	Supine abdomen	1,000	1,200	900	1,100
2	Supine & erect abdomen	1,500	1,700	1,100	1,300
3	Pelvimetry	1,000	1,200	900	1,100
	vi) Dental X-rays				
1	IOPA	1,100	1,200	600	800
2	OPG	2,000	2,200	1,000	1,200
3	Bilateral Bite Wing (BBW)	2,000	2,200	1,000	1,200
4	Occlusal	1,500	1,700	1,000	1,200
	vii) Special X-rays				
1	Unilateral venogram	15,000	17,000	10,000	11,000
2	Bilateral venogram	20,000	22,000	15,000	16,000
3	Unilateral femora arteriogram	20,000	22,000	15,000	17,000
4	Bilateral femora arteriogram	20,000	22,000	15,000	17,000
5	Regional selective arteriogram	25,000	25,000	20,000	21,000
6	Bilateral flush aortography	25,000	25,000	20,000	21,000
7	Unilateral carotid angiogram	25,000	25,000	20,000	20,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
8	Bilateral carotid angiogram	25,000	25,000	20,000	20,000
9	4 Vessel angiogram	25,000	25,000	20,000	20,000
10	Myelogram (Regional)	6,000	8,000	5,000	6,000
11	Myelogram (Whole Spine)	9,000	12,000	8,000	8,000
12	Fistulogram	6,500	8,000	5,000	6,000
13	Splenoportovenogram	6,000	8,000	5,000	6,000
14	HSG	6,500	8,000	5,000	6,000
15	Sialogram	6,500	8,000	5,000	6,000
16	Sinogram	6,000	8,000	5,000	6,000
17	Athrogram	6,500	8,000	5,000	6,000
18	Mammography	4000	4,500	3,500	3,000
	viii) Special X-rays GI System				
1	Barium swallow	8,000	7,000	2,500	5,000
2	Barium meal	8,000	7,000	3,000	5,000
3	Barium meal & follow through	8,000	8,000	4,000	6,000
4	Gastrograffin examination	8,000	8,000	4,000	6,000
5	Barium enema	8,000	8,000	6,000	6,000
6	Double contrast barium enema	8,000	8,000	7,000	6,000
7	Small Bowel Enema	8,000	10,000	4,000	7,000
	ix) Special X-rays Urinary System				
1	IVU	7,000	7,000	6,000	6,000
2	Retrograde pyelogram	6,000	6,000	5,000	5,000
3	MCU	7,000	7,000	6,000	5,000
4	Ascending cystourethrogram	5,000	5,000	4,000	4,000
5	MCU + Ascending cystourethrogram	7,000	7,000	6,000	6,000
6	Cystogram	6,000	6,000	5,000	5,000
	x) Special X-rays Biliary System				
1	T – Tube cholangiogram	5,000	6,000	4,000	4,000
2	Cholangiogram in theatre	7,000	7,000	6,000	5,000
3	PT Cholangiography	8,000	8,000	7,000	6,000
	xi) Ultrasounds				

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	ABDOMINAL (REGIONAL)	3,500	3,000	2,000	2,000
2	RENAL	3,500	3,000	2,000	2,000
3	PELVIC	3,500	3,500	2,000	2,000
4	OBSTETRICS U/S	3,500	3,500	2,000	2,000
5	DOPPLER U/S-REGIONAL	4,000	5,000	3,500	3,500
6	BILATERAL DOPPLER	5,000	6,000	4,500	4,500
7	ENDORECTAL (TVS)/ENDOVAGINAL	3,500	3,000	3,000	2,500
8	EXTREMITIES	4,000	4,000	3,000	2,500
9	THYROID	4,000	4,000	3,000	2,500
10	TESTICULAR	4,000	4,000	3,000	2,500
11	KUB	3,500	3,500	2,000	2,000
12	PROSTATE	3,500	3,500	2,000	2,000
13	CRANIAL	3,500	3,500	2,000	2,000
14	BREAST	3,500	3,500	2,000	2,000
15	ABDOMINAL/PELVIC	4,000	4,000	3,000	2,000
16	NECK U/S	4,000	3,000	3,000	2,500
17	Chest	4,000	4,500	3,500	3,500
	xii) CT Scans				
1	Head/Brain/Orbits/Paranasal Sinuses	10,000	10,000	5,000	5,000
2	Head with 3D Reconstruction	10,000	10,000	6,000	6,000
3	Neck/Post Nasal Space (PNS)	12,000	12,000	7,000	7,000
4	Chest	12,000	12,000	8,000	8,000
5	Abdomen	12,000	12,000	8,500	8,500
6	Abdomen Triphasic	12,000	12,000	8,500	8,500
7	Extremities/Joints	10,000	10,000	6,000	6,500
8	Pelvic	10,000	10,000	7,000	7,000
9	Spine (Regional)	10,000	10,000	7,000	7,000
10	Pelvimetry	10,000	10,000	7,000	7,000
11	CT Colon Triple contrast Enema	15,000	15,000	10,000	10,000
12	CT Virtual colonoscopy	15,000	15,000	10,000	10,000
13	CT Intra-Venous Urography (IVU)	15,000	15,000	7,500	8,500
14	CT Brain Angiography	15,000	15,000	10,000	10,000
15	CT Pulmonary Angiography	15,000	15,000	10,000	10,000
16	CT Coronary Angiography	17,500	17,500	15,000	15,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
17	CT Renal Angiography	15,000	14,000	12,000	10,000
18	CT Angiography Extremities	17,500	17,500	12,000	12,500
19	CT Aortic Angiogram	17,500	17,500	12,500	12,500
20	CT Head & Neck	17,000	17,000	10,000	10,000
21	CT Neck & Chest	18,000	18,000	11,500	11,500
22	CT Chest & Abdomen	18,000	18,000	12,500	12,500
23	CT Neck & Chest & Abdomen	24,000	24,000	16,500	17,000
24	CT Head & Neck & Chest & Abdomen	29,000	36,000	20,000	23,500
	xiii) MRI Scans				
1	Brain Without Contrast	15,000	15,000	8,000	8,000
2	MRA Without Contrast (TOF)	6,000	6,000	5,000	5,000
3	MRV Without Contrast (TOF)	6,000	6,000	5,000	5,000
4	MR Spectroscopy (MRS)	15,000	15,000	10,000	10,000
5	Contrast Enhanced MRA Per Region	15,000	15,000	10,000	10,000
6	Contrast Enhanced MRV Per Region	15,000	15,000	10,000	10,000
7	Orbits	15,000	15,000	10,000	10,000
8	PNS	15,000	15,000	10,000	10,000
9	Neck soft Tissue without Contrast	15,000	15,000	10,000	10,000
10	Chest without Contrast	15,000	15,000	10,000	10,000
11	Abdomen without Contrast	15,000	15,000	10,000	10,000
12	MR Cholangio-Pancreatography (MRCP)	15,000	15,000	10,000	10,000
13	Pelvis without Contrast	15,000	15,000	10,000	10,000
14	Renal without Contrast	15,000	15,000	10,000	10,000
15	Extremities/Joints Without Contrast	15,000	15,000	10,000	10,000
16	Spine Regional - Without Contrast	15,000	15,000	10,000	10,000
17	Brain & Neck Without Contrast	22,500	22,500	15,000	15,000
18	Abdominal Pelvic Without Contrast	22,500	22,500	15,000	15,000
19	Temporal- Mandibula Joints (TMJ) Without Contrast	15,000	15,000	10,000	10,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
20	Thoracic & Lumbar Without Contrast	22,500	22,500	15,000	15,000
21	Brain and Cervical Without Contrast	22,500	22,500	15,000	15,000
22	Cervical and Thoracic Without Contrast	22,500	22,500	15,000	15,000
23	Cervical, Thoracic and Lumbar Without Contrast	30,000	30,000	20,000	20,000
24	MRI Mobi - View Without Contrast	6,000	6,000	5,000	5,000
25	MR Briachial Plexus Without Contrast	15,000	15,000	10,000	10,000
26	MRI Prostate Without Contrast	15,000	15,000	10,000	10,000
27	MRI Breast Without Contrast	15,000	15,000	10,000	10,000
28	MRI Cardiac	15,000	15,000	10,000	10,000
	xv) Reporting of Films From Outside				
1	Reporting of MRI/CT films (Including Printing)	3,000	3,000	2,000	2,000
2	Reporting of General X-rays (Including Printing)	500	1000	500	500
	Interventional Radiology Procedures				
	xvi) Ultrasound Guided Biopsies				
1	IR Assessment	2,500	2,500	2,500	2,500
2	Ultrasound Guided Liver Biopsy	15,000	15,750	7,000	7,350
3	Ultrasound Guided Renal Biopsy	15,000	15,750	8,000	8,400
4	Ultrasound Guided Abdominal Mass Biopsy	15,000	15,750	7,000	7,350
5	Ultrasound Guided Retro-peritoneal Mass Biopsy	15,000	15,750	9,000	9,450
6	Ultrasound Guided Pelvic Mass Biopsy	15,000	15,750	9,000	9,450
7	Ultrasound Guided Breast Mass Biopsy	15,750	15,750	7,000	7,350
8	Ultrasound Guided Lymph Node Biopsy	15,750	15,750	7,000	7,350

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
9	Superficial Muscular Biopsy	15,750	15,750	7,000	7,350
10	ULTRASOUND GUIDED CHEST MASS/LUNG BIOPSY		15,750		10,500
	Xvii) Ultra Sound Guided Fna'S And Aspirates				
1	Ultra Sound Guided Fna Thyroid	15,000	15,750	3,000	3,150
2	Ultra Sound Guided Fna Splenic Aspirate	15,000	15,750	4,000	4,200
3	Ultra Sound Guided Fna Lymph Node	15,000	15,750	5,000	5,250
4	Ultra Sound Guided Fna Deep Lymh Node Fna	20,000	21,000	15,000	15,750
5	Ultra Sound Guided Fna Breast Mass	15,000	15,750	4,000	4,200
6	Ultra Sound Guided Fna Liver Cyst	15,000	15,750	5,000	5,250
7	Ultra Sound Guided Fna Pelvic Cyst	15,000	15,750	6,000	6,300
8	Ultra Sound Guided Fna Renal Cyst	15,000	15,750	6,000	6,300
	Xviii) Ultrasound Guided Drainages And Catheter Insertions				
1	Ultrasound Guided Superficial Abscess Drainage	15,000	15,750	15,000	15,750
2	Ultrasound Guided Deep /Retroperitoneal Abscess Drainage	51,000	51,000	35,000	35,000
3	Ultrasound Guided Simple Cyst Drainage	15,000	15,750	12,000	12,600
4	Permanent Ascitic Drainage	51,000	51,000	35,000	35,000
5	Malignant Pleural Effusion Drainage	51,000	51,000	35,000	35,000
6	Sclerotherapy Needed With Cyst Drainage	13,000	13,650	6,500	6,825
7	Pleural Tube Insertion	51,000	51,000	35,000	35,000
8	Temporary Hemodialysis Catheter Insertion	51,000	51,000	35,000	35,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
9	Permanent Hemodialysis Catheter Insertion	55,000	53,550	35,000	36,750
	ixx) Ultrasound Guided Percutaneous Nephrostomy Tube Insertion				
1	UNILATERAL (ONE SIDE)	40,000	42,000	15,000	15,750
2	BILATERAL BOTH SIDES	40,000	42,000	30,000	36,750
	xx) Ureteric Stent Insertion				
1	Unilateral	40,000	42,000	25,000	26,250
2	Bilateral	40,000	42,000	35,000	36,750
	xxi) Biliary Drainages				
1	External Biliary Drainage	40,000	42,000	20,000	21,000
2	Internal- External Drainage	55,000	57,750	25,000	26,250
3	Biliary Stenting	120,000	126,000	50,000	52,500
	xxii) CT Guided Biopsy				
1	CT GUIDED CHEST MASS/ LUNG/MEDIASTINAL BIOPSY	30,000	31,500	15,000	15,750
2	CT GUIDED SPINAL MASS BIOPSY	30,000	31,500	15,000	15,750
3	CT GUIDED LIVER BIOPSY	25,000	26,250	15,000	15,750
4	CT GUIDED RETROPERITONEAL MASS BIOPSY	30,000	31,500	15,000	15,750
5	CT GUIDED PELVIC MASS BIOPSY	30,000	31,500	15,000	15,750
6	CT GUIDED PELVIC BONE	40,000	42,000	18,000	18,900
	xxiii) CT Guided Aspiration And Drainages				
1	CT GUIDED ABSCESS DRAINAGE	45,000	47,250	20,000	21,000
2	CT GUIDED CYST DRAINAGE	40,000	42,000	20,000	21,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	xxvi) Ablations E.G Celiac Ganglion/Lumbar Plexus Ablation Etc				
1	Chemical Ablations	125,000	131,250	78,000	81,900

4. NURSING SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Dressing	600	800	400	600
2	Dressing pack (per pack)		500		300
3	Bed Bath		500		200
4	Naso/orogastric Tube feeding per	200	500	100	300
5	NG Tube insertion	200	500	100	300
6	NG Tube removal	200	500	100	300
7	Oxygen Therapy one hour	200	500	100	200
8	Random blood sugar	250	500	200	300
9	Stitching under LA		1,000		500
10	Removal of stitches	500	800	100	300
11	Catheterization/ insertion of Catheter	500	1,000	300	500
12	Condom Catheterization and Removal		200		100
13	Nebulization	300	500	200	300
14	Suctioning per Session		800		500
15	PAC+ turning per day		300		200
16	Indwelling catheter removal	500	1000	300	500
17	IV site care (per session)		200		100
18	Gastric lavage	600	5000	3000	4000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
19	IV access insertion		300	100	200
20	Stoma care per day		1,000	400	600
21	Tracheostomy care	200	500		300
22	Patient health education	200	200		100
23	Blood transfusion monitoring per day	200	500		300
24	Enema Administration	200	500	100	300
25	Central line insertion	250	1,500		1000
26	Central line Removal		1,500		1000
27	Chest tube insertion	500	1,000		500
28	Chest tube Removal	500	1,000		500
29	Resuscitation		2,000		1000
30	Physiotherapy	300	1,000		500
31	Speculum per session		2,000		1000
32	BMA per session		2,000		1000
33	Chemoport Insertion	500	1,500		1000
34	Chemoport Removal		1,500		1000
35	PICC Insertion	4000	1,500		1000
37	PICC Removal	150	1,500		1000
40	Eye swabbing	600	500		200
41	Bed making		500		300
	Hydration pre/post Chemotherapy		500		300
42	Chemotherapy Administration		1,000		500
43	Therapeutic Phlebotomy	200	500		300

5. MENTAL HEALTH DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Psychiatry consultation	500	1,000	300	500
2	Electroconvulsive therapy per session	3,000	7,500	2,500	5,000
3	MSE for FIREARM Licensing	New	20,000	New	10,000
4	ELECTRO-ENCEPHALOGRAM (EEG)	2,500	5,000	2,000	3,000
5	Naltrexone implant		7,500	10,500	5,000
6	MSE for fitness to stand plea and any legal issue		10,000		5,000
7	Individual psychotherapy per session	6,000	6,300	4,200	4,410
8	Family psychotherapy per session	12,000	12,600	8,400	8,820
9	LETTERS REQUESTED BY PATIENTS AND RELATIVES (not medical reports)	New	3,000	New	2,000
10	PSYCHIATRIC (MEDICAL) REPORTS	New	3,500	New	2,500
11	Court appearances to give expert Opinion	New	30,000	New	20,000
	ALCOHOL AND DRUG ABUSE REHABILITATIONADAR SERVICES				
	OUT PATIENT SERVICES				
1	CONSULTATION-FIRST REVIEW	1,000	1,000	700	500
2	SUBSEQUENT REVIEW	800	1,000	500	500
3	PSYCHOLOGICAL CONSELLING - INDIVIDUAL THERAPY	700	700	500	400
4	PSYCHOLOGICAL CONSELLING - GROUP THERAPY	600	600	400	300

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
5	PSYCHOLOGICAL CONSELLING - FAMILY/COUPLETHERAPY	1,000	1,000	800	800
	IN PATIENT SERVICES				
1	ADMISSION FEE	500	1,000	300	500
2	DAILY BED CHARGES	700	1,000	500	500
3	DOCTORS REVIEW	500	1,000	300	500
4	DAILY NURSING FEES	500	700	300	400
5	PSYCHOLOGICAL CONSELLING - INDIVIDUAL THERAPY	700	700	500	400
6	PSYCHOLOGICAL CONSELLING - GROUP THERAPY	600	600	400	300
7	PSYCHOLOGICAL CONSELLING - FAMILY/COUPLETHERAPY	1000	1000	800	800
8	NUTRITIONAL COUNSELLING - INDIVIDUAL OR GROUP	500	700	300	400
9	OCCUPATIONAL THERAPY	600	700	400	400

6. DERMATOLOGY DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Laser	12,000	12,600	8,400	8,820
2	Electrocaurtery	24,000	25,200	16,800	17,640
3	Basal Cell Excision	24,000	25,200	16,800	17,640
4	Squamous Cell Excision	24,000	25,200	16,800	17,640
5	Cryotherapy	15,000	15,750	10,500	11,025
6	Cautery	24,000	25,200	16,800	17,640

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
7	KOH Preparation	3,000	3,150	2,000	2,100
8	Skin Biopsy (small to large)	12,000	12,600	8,400	8,820
9	Chemical Cautery (phenol)	6,000	6,300	4,200	4,410
10	Iontophoresis (per session minimum 5 sessions)	3,000	3,150	2,000	2,100
11	Botox injection per session	30,000	31,500	21,000	22,050
12	Intra lesional injection	6,000	6,300	4,200	4,410
13	Phototherapy per session minimum 7 sessions	6,000	6,300	4,200	4,410
14	Ingrown toe nail	24,000	25,200	16,800	17,640
15	A typical mole excision	24,000	25,200	16,800	17,640
16	Culletage	12,000	12,600	8,400	8,820
17	Microdermabrasion/ microneddling	12,000	12,600	8,400	8,820
18	Chemical peels	6,000	6,300	4,200	4,410
19	Dermal feelers	30,000	31,500	21,000	22,050
20	Electrolysis/epilation	30,000	31,500	21,000	22,050
21	/Electro fulguration	30,000	31,500	21,000	22,050
22	Skin punch biopsy	12,000	12,600	8,400	8,820
23	Incision and drainage of abscess	9,000	9,450	6,300	6,615
24	excision of skin lesions /wart, ganglion, lipoma	12,000	12,600	8,400	8,820

7. LABORATORY SERVICES

#	SERVICES	Cash Payer (Kshs.)
	CLINICAL CHEMISTRY / IMMUNOLOGY TESTS	
1	**LIVER FUNCTION TESTS**	2,000
2	ALKALINE PHOSPHATASE	350
3	ALANINE AMINOTRANSFERASE (SGPT)	350
4	ASPARTATE AMINOTRANSFERASE (SGOT)	350

#	SERVICES	Cash Payer (Kshs.)
5	GAMMA-GLUTAMYL TRANSFERASE	350
6	ALBUMIN	350
7	BILIRUBIN DIRECT	350
8	BILIRUBIN TOTAL	350
9	TOTAL PROTEIN	350
10	**RENAL FUNCTION TEST (UEC)**	1500
11	CREATININE (SERUM/URINE)	350
12	UREA/BUN	350
14	SERUM SODIUM	350
15	SERUM POTASSIUM	350
16	SERUM CHLORIDE	350
	OTHERS	
17	LITHIUM	350
18	CALCIUM	350
19	MAGNESIUM	450
20	PHOSPHATE (INORGANIC)	350
21	ELECROLYTES (SERUM/URINE)	350
22	CREATININE CLEARANCE TESTS	600
23	URINE ALBUMIN CREATINE RATIO (UACR)	700
24	MICROALBUMIN	350
25	**LIPID PROFILE**	1,350
26	CHOLESTEROL	350
27	HDL - CHOLESTEROL	350
28	LDL - CHOLESTEROL	500
29	TRIGLYCERIDES	350
30	**CARDIAC ENZYMES**	
31	CREATINE KINASE	350
32	CREATINE KINASE MB (CKMB)	350
33	LACTATE DEHYDROGENASE	350
34	PRO-BNP-NT	2,500
35	PRO-BNP	2,500
36	MYOGLOBIN	1,500
37	TROPONINE LEVELS	2,000
38	**PANCREATIC ENZYMES**	800
39	LIPASE	400
40	ALPHA-AMYLASE	400
41	**DIABETIC PANEL**	
42	GLUCOSE	200
43	HBAIC-GLYCOSYLATED HEAMOGLOBIN	1,000

#	SERVICES	Cash Payer (Kshs.)
44	ORAL GLUCOSE TOLERANCE TEST (OGTT)	1,000
45	INSULIN ASSAY	600
46	PARATHYROID HORMONE (PTH)	2,000
47	**IRON STUDIES**	4,000
48	TRANSFERIN	500
49	UNSATURATED IRON BINDING CAPACITY (UIBC)	500
50	SERUM IRON	650
51	FERRITINE	1,500
52	FOLATE	1,500
53	**VITAMINS**	
54	VIT. B12	1,500
55	VIT. D3	2,000
56	**THERAPEUTIC DRUGS**	
57	VANCOMYCIN	1,200
58	TACROLIMUS	1,800
59	CYCLOSPORINE	1,800
60	**OTHER BODY FLUIDS**	
61	PLEURAL FLUID (GLUCOSE + PROTEIN)	500
62	ASCITIC FLUID (GLUCOSE + PROTEIN)	500
63	C.S.F (GLUCOSE + PROTEIN)	500
64	**INFLAMATORY MARKERS**	
65	C-REACTIVE PROTEIN (CRP)	500
66	PROCALCITONIN	2,000
67	**DRUG OF ABUSE**	
68	DRUG OF ABUSE SCREENING	2,000
69	BLOOD ALCOHOL	1,000
70	**OTHER CHEMISTRY TESTS**	
71	BLOOD GASES	1,500
72	OCCULT BLOOD IN STOOL	300
73	SERUM PROTEIN ELECTROPHORESIS	1,600
74	SERUM IMMUNOFIXATION	1,500
75	URIC ACID	350
76	BENCE JONES PROTEIN	350
78	**COMMUNICABLE DISEASES**	
79	**TRIPLE SEROLOGY**	2,000
80	HIV	1,000
81	HBSAg	1,000
82	HCV	1,200
83	Anti HAV IGM	1,000

#	SERVICES	Cash Payer (Kshs.)
84	**HEPATITIS PANEL**	**5,000**
85	ANTI HBc	1,500
86	ANTI Hbe	1,500
87	ANTI HBs	1,500
88	HBSAg	1,000
89	SYPHILLIS	1,200
90	**FERTILITY TESTS**	
91	FOLLICLE STIMULATING HORMONE (FSH)	1,200
92	LUTENIZING HORMONE (LH)	1,200
93	PROLACTIN HORMONE	1,200
94	PROGESTRONE HORMONE	1,200
95	ESTRADIOL HORMONE	1,200
96	OESTROGEN	1,200
97	TESTOSTERONE	1,200
98	ANTI MULLERIAN HORMONE	5,000
99	CORTISOL	1,500
100	PREGNANCY TEST	250
101	**TUMOR MARKERS**	
102	PROSTATE SPECIFIC ANTIGEN (PSA)	1,200
103	ALPHA FETO PROTEIN(AFP)	1,200
104	CARCINO EMBRYONIC ANTIGEN (CEA)	1,200
105	CA 19-9	1,000
106	CA 125	1,000
107	CA 15-3	1,000
108	CA 72-4	1,000
109	BETA HCG	1,200
110	**AUTOIMMUNE TESTS**	
111	ANTINUCLEAR ANTIBODY (ANA)	1,200
112	C3	500
113	C4	500
114	ENA PANEL	1,200
115	DsDNA	1,200
116	Anti CCP	1,200
117	**THYROID FUNCTION TEST (TFTS)**	**2,500**
118	TSH	1,000
119	FT3	1,000
120	FT4	1,000
121	**OTHER IMMUNOASSAYS**	
122	HELICOBACTER PYLORI (H.PYLORI)	500

#	SERVICES	Cash Payer (Kshs.)
123	TOXOPLASMA	1,200
124	TOXO IGG	1,000
125	TOXO IGM	1,000
126	SALMONELA ANTIGEN TEST	350
127	BRUCELLA TEST	350
128	ASOT TEST	350
129	RHEUMATOID FACTTOR (R.F.) TEST	350
130	RUBELLA IGG	2,000
131	RUBELLA IGM	2,000
132	CMV IGG	2,000
133	CMV IGM	2,000
134	**HAEMATOLOGY TESTS**	
135	FULL HEAMOGRAM (FHG)	600
136	FHG WITH PERIPHERAL BLOOD FILM (PBF)	1,000
137	ESR	350
138	SICKLING TEST	350
139	BLEEDING TIME TEST	350
140	CLOTTING TIME TEST	350
141	PROTHROMBIN TIME TEST	500
142	ACTIVATED PARTIAL PROTHROMBIN TIME (APTT)	500
143	COAGULATION PROFILE	1,000
144	BONE MARROW EXAMINATION	1,500
145	LE PREPARATION	350
146	FIBRINOGEN	400
147	RETICULOCYTE COUNT	500
148	D-DIMER	1,200
149	HB-ELECTROPHORESIS	1,500
150	DEFICIENCY FACTOR VIII	1,000
151	DEFICIENCY FACTOR IX	1,000
	MICROBIOLOGY TESTS	
152	BLOOD CULTURE/SENSITIVITY	2,000
153	CSF CULTURE AND SENSITIVITY	1,000
154	PUS CULTURE SENSITIVITY	1,000
155	ASPIRATE CULTURE SENSITIVITY	1,000
156	STOOL CULTURE SENSITIVITY	1,000
157	URINE CULTURE SENSITIVITY	1,000
158	HVS CULTURE SENSITIVITY	1,000
159	ENDOCERVICAL SWAB CULTURE & SENSITIVITY	1,000
160	TISSUE CULTURE & SENSITIVITY	1,000

#	SERVICES	Cash Payer (Kshs.)
161	SPUTUM BACTERIAL CULTURE & SENSITIVITY	1,000
162	THROAT SWAB CULTURE & SENSITIVITY	1,000
163	URETHRAL SWAB CULTURE & SENSITIVITY	1,000
164	CENTRAL LINE CATHETER TIP CULTURE & SENSITIVITY	1,000
165	ENTERAL FEEDING TUBE TIP CULTURE & SENSITIVITY	1,000
166	RECTAL SWAB CULTURE AND SENSITIVITY	1,000
167	INDIAN INK MICROSCOPY	350
168	HVS MICROSCOPY	600
169	GRAM STAINING MICROSCOPY	350
170	KOH FUNGAL ELEMENTS MICROSCOPY	600
171	CRYPTOCOCCUS ANTIGEN LATEX (CSF/SERUM)	1,200
172	SEMINALYSIS	1,200
173	ENVIRONMENTAL SWABBING (Per swab)	1,500
174	BIOFIRE ME PANEL (MENINGOENCEPHALITIS)	40,000
175	BIOFIRE GI PANEL (GASTROINTESTINAL)	32,000
176	BIOFIRE BLOOD CULTURE ID PANEL	40,000
177	EXAMINATION FOR RAPE CASE MICROSCOPY	600
178	URETHRAL SWAB MICROCOPY	600
	BLOOD TRANSFUSION UNIT	
179	GROUPING AND CROSSMATCH	1,000
180	WHOLE BLOOD	1,000
181	PLATELET CONCENTRATE	1,000
182	FRESH FROZEN PLASMA	1,000
183	PACKED RED CELLS	1,000
184	CRYOPRECIPITATE	1,000
185	BLOOD GROUP AND RHESUS GROUPING (FORWARD)	350
186	DU TEST	350
187	ANTIBODY IDENTIFICATION	350
188	ANTIBODY TITRATION	350
189	DIRECT COOMBS TEST/DAT	350
190	INDIRECT COOMBS TEST/IAT	350
191	THERAPEUTIC PHLEBOTOMY	1,000
	HISTOPATHOLOGY TESTS	
192	ENDOSCOPY SPECIMEN	2,500
193	INTERVENTIONAL RADIOLOGY (IR) SPECIMEN	2,500
194	PUNCH BIOPSIES	2,500
195	TREPHINE BIOPSY	2,500

#	SERVICES	Cash Payer (Kshs.)
196	SURGICAL RESECTION SPECIMEN FOR HISTOLOGY	4,500
197	CYTOLOGY (ASPIRATE & EXFOLIATIVE)	1,500
198	IMMUNOHISTOCHEMISTRY BLOCK	9,000
	MOLECULAR TESTS	
199	SAR-COV-2 (COVID-19)	0
200	PCR BCR-ABL	14,000
201	HEPATITIS B VIRAL LOAD	5,000
202	HUMAN PAPILLOMA VIRUS (HPV) PCR	5,000
	PARASITOLOGY	
203	BLOOD SLIDE FOR MALARIAL PARASITES	250
204	BLOOD SLIDE FOR TRYPANASOMES	350
205	BLOOD SLIDES FOR LEISHMANIA	350
206	BLOODSLIDE FOR MICROFILARIA	350
207	FORMOL GEL	350
208	STOOL MICROSCOPY FOR O/C	350
209	STOOL (ZN) FOR CRYPTOCOCCUS	350
210	URINALYSIS	450
211	TRICHOMONAS	450
212	ZINC SULFATE FLOATATION TECHNIQUE	450
213	KATO KATZ TECHINQUE	450
214	HARADA-MORI STOOL CULTURE	600

8. OPHTHALMOLOGY

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	a) Diagnostic Tests				
1	Tonometery per eye	1,200	1,260	1,000	1,050
2	Pachymetery per eye	1,800	1,890	1,200	1,260
3	Gonioscopy per eye	1,800	1,890	1,200	1,260
4	Retinal photography per eye	1,800	1,890	1,200	1,260
5	Flourescein Angiography	12,000	12,600	8,400	8,820
6	Visual Fields per eye	2,400	2,520	1,600	1,680
7	Ocular Coherent Tomography Scan per eye	6,000	6,300	4,200	4,410
8	Corneal Topography per eye	2,400	2,520	1,600	1,680

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
9	Ultrasound per eye	6,000	6,300	4,200	4,410
10	Visual Fields per eye	2,400	2,520	1,680	1,764
11	Biometry per eye	3,600	3,780	2,500	2,625
12	Oculyzer per eye	3,600	3,780	2,500	2,625
13	Retinoscopy	1,800	1,890	1,200	1,260
14	Endothelia Cell count per eye	2,400	2,520	1,600	1,680
15	Dressing	3,600	3,780	2,500	2,625
16	Optical coherence tomography(OCT)	5,000	5,250	3,500	3,675
17	Topography	5,000	5,250	3,500	3,675
18	Tomography	5,000	5,250	3,500	3,675

9. ONCOLOGY DEPARTMENT

	PROCEDURE	CORPORATE		CASH PAYER	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Initial Chemotherapy Administration	1,200	6,000	600	1,500
2	Subsequent Chemotherapy Administration	1,200	5,000	600	1,000
3	Cone Biopsy-Cervical Procedure	NEW	7,000	NEW	5,000
4	Cone Biopsy-Cervical Histology	NEW	4,000	NEW	2,000
5	Cone Biopsy-Breast Procedure	3,500	7,000	2,500	5,000
6	Cone Biopsy-Breast Histology	NEW	4,000	NEW	2,000
7	Palliative Counseling	500	800	300	500
8	OPD Blood Transfusion	NEW	500	NEW	500
9	Ascitic Tapping	500	1,000	300	700
10	Special Clinic Triaging	NEW	100		100
11	Chemotherapy Preparation	NEW	2,000		1,000
12	Therapeutic Phlebotomy	NEW	500		500
13	Brachytherapy	40,000	40,000	40,000	40,000
14	Radiotherapy - Per Session	3,600	3,600	3,600	3,600

10. CARDIOLOGY

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Electrocardiogram (Ecg)	700	1,000	700	1,000
2	Echocardiogram (Echo) Adult	1,000	2,500	1,000	2,500
3	Echocardiogram (Echo) Paediatrics	1,000	2,500	1,000	1,500
4	Stress Ecg (Total Cost)	15,000	15,750	10,000	10,500
5	Stress Echo (Total Cost)	20,000	21,000	15,000	15,750
6	Trans - Esophageal Echocardiogram	NIL	15,000	NIL	10,000
7	Cardioversion	160	5,000	160	3,000
8	Pericardiocentesis	10,000	20,000	10,000	15,000
9	Defribrillation	160	3,000	160	2,000
10	NGT Tube Feeding	200	500	200	500
11	Resuscitation Per Session	2,000	2,000	2,000	2,000
12	CVC Insertion	1,600	8,000	1,600	5,000
13	ASCITIC TAP	500	1,000	500	1,000
14	BIPAP	2,500	3,500	2,500	3,000
15	Arterial Line Insertion	NIL	3,000	NIL	2,000
16	Transcutanous Pacing	750	6,000	750	3,000
17	Temporary Pace Maker	1,500	100,000	1,500	100,000
18	24 Hour Holter Monitoring	NIL	10,000	NIL	10,000

11. NUTRITION DEPARTMENT

	NUTRTION SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Nutritional Counseling - Inpatient Services	300	700	300	400

2	Nutritional Counseling - OutPatient	200	700	200	400
3	Nutritional Review	200	700	200	400
4	Diet Formulation	200	500	200	500

12. PLASTER DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	SPLINTING CHARGES				
1	Aeroplane Splint (Adult)	1,900	3,500	1,700	2,500
2	Aeroplane Splint (Paediatric)	1,000	2,500	1,000	1,500
3	Aluminum Finger Splint (Adult)	400	1,000	400	700
4	Aluminum Finger Splint (Paedriatric)	300	750	300	500
5	Back Slab Splint (Adult)	1,500	3,000	1,400	2,000
6	Back Slab Splint (Paediatric)	1,000	2,500	1,000	1,500
7	Backslab With Foot Rest (Adult)	1,900	4,500	1,800	3,500
8	Backslab With Foot Rest (Paediatric)	1,300	3,000	1,200	2,000
9	Cock Up Splint (Adult)	1,300	3,000	1,200	2,000
10	Cock Up Splint (Paediatric)	900	2,000	800	1,500
11	Dynamic Splint (Adult)	1,500	3,500	1,400	2,500
12	Dynamic Splint (Paediatric)	1,000	2,500	1,000	1,500
13	Elbow Conformers (Adult)	1,500	3,500	1,400	2,500
14	Elbow Conformers (Paediatric)	1,000	2,500	1,000	1,500
15	Finger Splint (Per Finger) Adult	300	750	300	500

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
16	Finger Splint (Per Finger) Paediatric	200	500	200	300
17	General Wards Per Session	400	1,000	400	700
18	Hand Resting Splint (Adult)	1,400	3,250	1,300	2,000
19	Hand Resting Splint (Paedriatric)	900	2,250	900	1,500
20	Neck Collar (Adult)	1,000	2,500	1,000	1,500
21	Neck Collar (Paediatric)	700	1,500	600	1,500
22	Serial Casting For Ctev (Paediatric)	500	1,250	500	800
	Orthoplast Charges				
	Splinting Charges				
1	Adhesive Velcro Replacement ½ Mtr	500	1,250	500	800
2	Adhesive Velcro Replacement 1/8 Mtr	200	500	200	300
3	Adhesive Velcro Replacement 1mtr	1,000	2,250	900	1,500
4	Aeroplane Splint (Adult)	8,800	20,250	8,100	12,000
5	Aeroplane Splint (Paediatric)	3,200	7,250	2,900	4,000
6	Aeroplane Splint Adult Orthoplast	8,800	20,250	8,100	12,000
7	Aeroplane Splint Orthoplast Neonate	2,200	5,250	2,100	3,000
8	Aeroplane Splint Orthoplast Paediatric	3,200	7,250	2,900	4,000
9	Adhesive Velcro Repalcement ¼ Mtr	300	750	300	500
10	Aluminum Finger Splint (Adult)	500	1,250	500	800
11	Aluminum Finger Splint (Paedriatric)	400	1,000	400	700
12	Aluminum Finger Splint Adult	500	1,250	500	800
13	Aluminum Finger Splint Paediatrics	400	1,000	400	700
14	Back Slab (Adult)	8,800	20,250	8,100	12,000
15	Back Slab (Paediatric)	3,800	8,750	3,500	5,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
16	Back Slab Orthoplast Adult	7,500	17,250	6,900	10,000
17	Backslab Orthoplast Neonate	2,700	6,250	2,500	4,000
18	Backslab Paediatrics Orthoplast	3,800	8,750	3,500	5,000
19	Backslab With Foot Rest Adult Orthoplast	10,000	23,000	9,200	15,000
20	Backslab With Foot Rest Orthoplast Paeds	5,000	11,500	4,600	8,000
21	Backslab With Footrest Orthoplast Neonate	3,500	8,250	3,300	4,000
22	Cock Splint Paediatric Orthoplast	2,800	6,500	2,600	4,000
23	Cock Up Splint (Adult)	4,400	10,250	4,100	6,000
24	Cock Up Splint (Paediatric)	2,800	6,500	2,600	4,000
25	Cock Up Splint Adult Orthoplast	500	1,250	500	800
26	Dunamic Splint Adult Orthoplast	6,900	16,000	6,400	10,000
27	Dynamic Splint (Adult)	6,900	16,000	6,400	10,000
28	Dynamic Splint (Paediatric)	3,400	8,000	3,200	5,000
29	Dynamic Splint Paeds Orthoplast	3,400	8,000	3,200	5,000
30	Earcup Protector Splint Adult	NEW	2,000	NEW	1,000
31	Earcup Protector Splint Paeds	NEW	1,000	NEW	500
32	Elbow Conformer Neonate Orthoplast	2,200	5,250	2,100	3,000
33	Elbow Conformer Paeds Orthoplast	3,200	7,250	2,900	4,000
34	Elbow Conformers (Adult)	5,700	13,000	5,200	8,000
35	Elbow Conformers (Paediatric)	3,200	7,250	2,900	4,000
36	Elbow Conformers Adult Orthoplast	5,700	13,000	5,200	8,000
37	Finger Splint (Per Finger) Adult	400	750	300	500
38	Finger Splint (Per Finger) Paediatric	300	750	300	500
39	Finger Splint Orthoplast Per Finger Neonate	200	500	200	300

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
40	Finger Splint Per Finger Adult Orthoplast	400	750	300	500
41	Finger Splint Per Finger Paeds Orthoplast	300	750	300	500
42	Foot Piece Lomn Paeds	NEW	3,600	NEW	3,600
43	Foot Piece Long Adult	NEW	10,350	NEW	8,000
44	Foot Piece Short Adults	NEW	6,450	NEW	4,000
45	Foot Piece Short Paeds	NEW	2,300	NEW	1,500
46	Foot Rest Splint Adult Orthoplast	12,500	28,750	11,500	18,000
47	Foot Rest Splint Orthoplast Neonate	2,700	6,250	2,500	4,000
48	Foot Rest Splint Paediatric Orthoplast	3,800	8,750	3,500	5,000
49	Foot Resting Splint Adult Orthoplast	8,800	20,250	8,100	14,000
50	Full Mask Adult	NEW	8,100	NEW	5,000
51	Full Mask Paeds	NEW	3,500	NEW	2,500
52	General Wards Per Session	400	1,000	400	700
53	Glove Fingers Excluded Adults	NEW	4,000	NEW	3,000
54	Glove Fingers Excluded Paeds	NEW	2,000	NEW	1,500
55	Glove With Fingers Adults	NEW	8,100	NEW	5,000
56	Glove With Fingers Peads	NEW	2,700	NEW	1,500
57	Half Mask Adults	NEW	3,500	NEW	2,000
58	Half Mask Peads	NEW	3,000	NEW	1,500
59	Hand Dorsal Block Splint Adult Orthoplast	5,000	11,500	4,600	8,000
60	Hand Dorsal Block Splint Orthoplast	2,100	4,750	1,900	3,000
61	Hand Dorsla Block Splint Paediatrics Orthoplast	2,900	6,750	2,700	4,000
62	Hand Resting Splint (Adult)	5,000	11,500	4,600	7,000
63	Hand Resting Splint (Paedriatric)	2,900	6,750	2,700	4,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
64	Hand Resting Splint Adult Orthoplast	5,000	11,500	4,600	7,000
65	Hand Resting Splint Orthoplast Neonate	2,100	4,750	1,900	3,000
66	Hand Resting Splint Paediatric Orthoplast	2,900	6,750	2,700	4,000
67	Helmet Splint Adult	NEW	8,000	NEW	6,000
68	Helmet Splint Paeds	NEW	4,000	NEW	3,000
69	Neck Collar (Adult)	1,900	4,500	1,800	2,500
70	Neck Collar (Paediatric)	1,500	3,500	1,400	2,000
71	Neck Collar Splint Orthoplast Neonate	1,100	2,500	1,000	1,500
72	Non-Adhesive Velcro Replacement ¼ Mtr	200	500	200	300
73	Non-Adhesive Velcro Replacement ½ Mtr	400	1,000	400	700
74	Non-Adhesive Velcro Replacement 1 Mtr	800	2,000	800	1,400
75	Non-Adhesive Velcro Replacement 1/8 Mtr	100	250	100	200
76	Orthoplast Finger Splint Adult	8,800	20,250	8,100	12,000
77	Orthoplast Finger Splints Paediatric	400	1,000	400	700
78	Pressure Garment ¼ Mtr	3,800	8,750	3,500	5,000
79	Pressure Garment ¾ Mtr	11,300	26,000	10,400	15,000
80	Pressure Garment 1 Mtr	15,000	34,500	13,800	20,000
81	Pressure Garment 1/2	7,500	17,250	6,900	10,000
82	Pressure Garment 1/8 Mtr	1,900	4,500	1,800	3,000
83	Scar Massage Lotion/Creams 250ml	NEW	3,750	NEW	2,000
84	Silcone Peads 1/4	NEW	1,400	NEW	800
85	Silcone Peads Large	NEW	9,150	NEW	6,000
86	Silcone Peads Small	NEW	4,400	NEW	3,000
87	Silicone Gel (8 X 6)	1,900	4,500	1,800	3,000
88	Silicone Gel 12 X 8	3,800	8,750	3,500	5,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
89	Silicone Gel Sheet (12 X 16)	7,500	17,250	6,900	10,000
90	Silicone Scar Gel Tube	5,700	13,000	5,200	8,000
91	Silicone Scar Gel Tube	5,700	13,000	5,200	8,000
92	Sleeve Adults	NEW	2,900	NEW	2,000
93	Sleeve Peads	NEW	2,200	NEW	1,500
94	Thigh Abductor Splint Paeds	NEW	4,000	NEW	2,500
95	Thigh Abductor Splint Adult	NEW	8,000	NEW	5,000
96	Thumb Spica Splint Adults Orthoplast	4,400	10,250	4,100	7,000
97	Thumb Spica Splint Orthoplast	2,900	6,750	2,700	6,750
98	Thumb Spica Splint Orthoplast Neonate	2,100	4,750	1,900	3,000
99	Trouser Long One Leg Adults	NEW	10,350	NEW	7,000
100	Trouser Long One Leg Peads	NEW	6,450	NEW	4,000
101	Trouser Long Two Leg Adults	NEW	19,500	NEW	14,000
102	Trouser Long Two Leg Peads	NEW	7,350	NEW	5,000
103	Trouser Short Adults	NEW	12,750	NEW	8,000
104	Trouser Short Peads	NEW	4,300	NEW	3,000
105	Vest One Sleeve Adult	NEW	9,450	NEW	6,000
106	Vest One Sleeve Peads	NEW	6,900	NEW	4,000
107	Vest Short Sleeve Adults	NEW	9,450	NEW	6,000
108	Vest Short Sleeve Peads	NEW	5,500	NEW	4,000
109	Vest Sleeveless Adults	NEW	14,400	NEW	8,000
110	Vest Sleeveless Peads	NEW	5,850	NEW	4,000
111	Vest Two Sleeves Adults	NEW	4,500	NEW	3,000
112	Vest Two Sleeves Peads	NEW	4,800	NEW	3,000

13. DENTAL DEPARTMENT

#	SERVICES	Cash Payer (Kshs.)
A	**HOSPITAL VISIT CONSULTATION FEES**	
C003	Hospital visit-day	500
C004	Hospital visit-night	500
B	***Radiology***	
RAD001	Occlusal views	600
RAD002	Left / Right Bitewing (LBW /RBW)	6,500
RAD003	Bilateral Bitewings (BBW)	1,000
RAD004	Intraoral Periapical (IOPA)	600
RAD005	Orthopantomogram (OPG)	1,000
RAD006	CBCT	5,500
C	**ORAL SURGERY**	
	IMPORTANT NOTE: Complex Oral Surgery cases must be referred to Oral & Maxillofacial Surgeon	
MOS001	Extraction - Uncomplicated - Anteriors	500
MOS002	Extraction - Uncomplicated - Posteriors - Molars	600
MOS003	Extraction - Complicated/Surgical	1,100
MOS004	Dismpaction (Surgical Odontectomy)	1,500
MOS005	Management of Alveolar Osteitis (Dry Socket)	400
MOS006	Dentoalveolar Debridement	1,500
MOS007	Incision & Drainage	1,500
MOS008	Dentoalveolar Splinting	1,400
MOS009	Soft Tissue Management	2,000
MOS010	Removal of Sutures & Post Operative Review	500
MOS011	Maxillo - Mandibular Fixation	5,500
MOS012	Incisional Biopsy Under L.A.	800
MOS013	Excisional Biopsy Under L.A.	1,400
MOS014	Operculectomy	1,000
MOS015	Cyst Enucleation under L.A.	3,000
MOS016	Surgical exposure of teeth	2,500
MOS017	Alveoloplasty	2,000
MOS018	Frenectomy	1,500

#	SERVICES	Cash Payer (Kshs.)
MOS019	Cheiloplasty	3,000
MOS020	Vestibuloplasty	3,000
MOS021	Suturing minor	2,000
MOS022	Suturing major	3,000
MOS023	Removal of wires	500
MOS024	Intralesional drug injection (excludes cost of the injection agent)	500
MOS025	Wound dressing	500
D	**RESTORATIVE DENTISTRY**	
	Restorations/Fillings	
RES001	Amalgam – one surface	1,400
RES002	Amalgam – two surfaces	1,400
RES003	Amalgam three surfaces	1,400
RES004	Complex multisurface Amalgam Filling (More than 3 surfaces)	1,400
RES005	Composite / Tooth coloured Filling (one surface)	1,500
RES006	Composite / Tooth coloured Filling (two surfaces)	1,500
RES007	Composite / Tooth coloured Filling (three surfaces)	1,500
RES008	Complex multisurface Tooth coloured Filling (More than 3 surfaces)	1,500
RES009	Temporary / Provisional filling	800
RES010	Fissure sealant - per tooth	500
RES011	Preventive Resin Restorations (PRR)	1,000
RES012	Metalic Post (each)	1,000
RES013	Fibre Post	2,000
RES014	Cast Post	2,500
RES015	Tooth Whitening / Bleaching per Arch (Take Home Bleach excluding the gel)	3,000
RES016	Chairside Tooth Whitening (Power Bleaching / Zoom Bleaching)	10,000
RES017	Microabrasion (per tooth)	1,500
E	**ENDODONTICS (ROOT CANAL TREATMENT)**	
	Charges Do not include Cost of Filling (Restoration) or Crown post Endodontic Treatment	
END001	Pulputomy (adult)	1,500
	Root Canal Treatment	
END002	a) Anterior tooth	2,000
END003	b) Premolars	2,800

#	SERVICES	Cash Payer (Kshs.)
END004	c) Molars	4,000
END005	d) Accessory or extra canals (each)	1,000
END006	e) Retreatment of a previoulsy root treated tooth (Additional charge to the basic cost of rct)	4,000
END007	f) Access through crowns (Additional Charge)	1,000
END008	Bleaching Non-vital (per tooth/Per session)	500
END009	Apico-ectomy (anterior teeth - (using MTA) excluding cost of restoration	2,000
END010	Apico-ectomy (Posterior teeth - (using MTA) excluding cost of restoration	4,000
END011	Hemisection/Root amputation (Exclude cost of RCT)	4,000
END012	Root submersion	3,000
END013	Repair of Perforation (using MTA) non-surgical	2,000
END014	Repair of Perforation (using MTA) Surgical	2,000
END015	Pulp Revascularization	4,000
END016	Removal of separated/Fractured Instruments plus RCC	4,000
END017	Transplantation/Re-Implantation	3,000
END018	Apexification (using MTA)	2,000
END019	Apexification (using Calcium Hydroxide)	2,000
END020	Apexogenesis	2,000
END021	Endodontic Implants	5,000
END022	Vital Pulp Therapy (using Calcim Hydroxide)	1,000
F	**PERIODONTICS**	
	General Periodontics	
PERI001	Full mouth scaling	5,000
PERI002	Prophylaxis	3,000
PERI003	Polishing and Extrinsic stain removal	2,500
PERI004	Management of Dentine Hypersensitivity Per Visit (minus cost of desensitizing agent)	3,500
PERI005	Root planing	12,000
PERI006	Periodontal splinting	10,000
PERI007	Resin composite/wire splint (per sextant)	10,000
PERI008	Reinforced fiber splint (excludes cost of splint material)	10,000
	Periodontal Surgery	
PERI009	Open flap debridement (1 to 3 contiguous teeth)	12,500
PERI010	Root coverage surgery using Xenografts/Allografts (excludes cost of graft)	15,000
PERI011	Root coverage surgery using autograft	20,000
PERI012	Frenectomy	5,000

#	SERVICES	Cash Payer (Kshs.)
PERI013	Crown lengthening (1 to 3 contiguous teeth)	15,000
PERI014	Gingivectomy/Gingivoplasty (1 to 3 contiguous teeth)	15,000
PERI015	Vestibuloplasty	20,000
PERI016	Guided bone/tissue regeneration per site (excluding cost of graft material)	25,000
PERI017	Alveoloplasty	20,000
PERI018	Socket preservation per extraction site (excluding cost of graft material)	2,000
	Surgical Phase of Oral Implantology	
	Excluding Costs of Healing Abutments & Provisional prothesis /restorations.	
PERI020	Development of implant therapy treatment plan (excluding cost of radiological examination)	1,000
PERI021	Single implant placement (excluding cost of implant fixture)	20,000
PERI022	Subsequent 2nd implant placement (excluding cost of implant fixture)	15,000
PERI023	Subsequent 3rd implant placement (excluding cost of fixture)	10,000
PERI024	Implant exposure (excluding cost of healing abutment)	10,000
PERI025	Removal of failed implant	25,000
PERI026	Scaling of implant fixture (excluding cost of general scaling)	5,000
PERI027	Supportive periodontal therapy	5,000
PERI028	Periodontics Operculectomy	10,000
PERI029	Supportive periodontal therapy	2,000
G	**PROSTHODONTICS**	
	Fixed prosthodontics	
PROS001	Diagnostic cast / Study Models	500
PROS002	Wax up per unit	500
PROS003	Prefabricated post & core	4,000
PROS004	Cast post and core (excluding cost of gold) Crowns	3,000
PROS005	Temporary crown per unit	3,000
PROS006	Metal ceramic Crown	7,500
PROS007	Ceramic / Zirconia / Emax Crown	12,000
PROS008	Full gold crown	20,000
PROS009	Implant retained crown per unit (excluding cost of components)	5,000
PROS010	Fixed Definitive Bridge (Charges are per Unit)	10,000
PROS011	Composite (per unit)	3,000

#	SERVICES	Cash Payer (Kshs.)
PROS012	Porcelain/Ceramic Fused to Metal (per unit)	7,500
PROS013	Recementation of crown or bridge per unit	1,000
PROS014	Removal of crown /bridge per unit	1,000
	Veneers per unit:	
PROS015	Direct composite Veneers	1,500
PROS016	Indirect Composite Veneers	2,500
PROS017	Ceramic / Porcelain Veneers	4,000
PROS018	Inlays /onlays (excluding cost of alloy)	4,000
PROS019	Repair of fractured procelain	4,000
	Prosthodontic Phase of Oral Implantology	
PROS020	Temporary implant restoration (excluding cost of components)	1,500
PROS021	Definitive implant retained restoration - crown or bridge (excluding cost of components)	5,000
	Removable prosthodontics	
PROS022	Complete upper and lower denture	10,000
PROS023	Single complete denture Acrylic Removable Partial Dentures	5,000
PROS024	Acrylic Removable Partial Denture 1 -3 teeth	2,700
PROS025	Acrylic Removable Partial Denture 4-6 teeth	4,500
PROS026	Acrylic Removable Partial Denture 7 or more	5,100
PROS027	Repair of broken acrylic denture: without impression	800
PROS028	Repair of broken acrylic denture: with impression	1,000
PROS029	Cobalt chrome Removable Partial Denture (per arch, inclusive of teeth)	12,000
PROS030	Repair of cobalt chrome RPD	1,000
PROS031	Addition of a tooth on denture	1,700
PROS032	Soft/Hard reline	5,000
PROS033	Michigan splint	5,000
PROS034	Mouth guard	1,000
	Maxillofacial prosthodontics	
PROS035	Obturator with acrylic base	2,500
PROS036	Obturator with cobalt chrome base	10,000
PROS037	Facial prothesis	10,000
PROS038	Activation of prosthesis	500
H	**PAEDIATRIC DENTISTRY**	
PAED001	Fissure sealant - per tooth	500
PAED002	Fluoride varnish application	500
PAED003	Preventive resin restoration	1,000

#	SERVICES	Cash Payer (Kshs.)
PAED004	Pulpotomy	1,000
PAED005	Pulpectomy	2,000
PAED006	Uncomplicated dental extraction	500
PAED007	Stainless steel crown	500
PAED008	Prophylaxis/polishing	500
PAED010	Minor oral surgery e.g Biopsies, Frenectomies,	1,500
PAED012	Apexification, apexogenesis (endodontic fees as per Root canal treatment charges)	2,000
PAED013	Study models	500
I	**ORTHODONTICS**	
	Diagnosis + treatment planning	
ORTH001	Orthodontic Study models	500
ORTH002	Extraoral & Intraoral Photographs	100
ORTH003	Diagnosis + treatment planning	300
ORTH004	Orthodontic diagnostic setup	500
ORTH005	Treatment planning for orthognathic Surgery	1000
	Comprehensive Fixed Orthodontic Treatment	
ORTH006	Single arch Orthodontics - Mild & Moderate Malocclusion	50,000
ORTH007	Class I Malocclusion - Mild & Moderate	50,000
ORTH008	Class I Malocclusion - Severe	50,000
ORTH009	Class I Malocclusion - Severe + Complications	50,000
ORTH010	Class II + III - Mild	50,000
ORTH011	Class II + III - Moderate	50,000
ORTH012	Class II + III - Severe	50,000
ORTH013	Class II + III - Severe + Complications	75,000
ORTH014	Re-bonding of brackets/attachments/bands	500
ORTH015	Implant- aided orthodontics (TADs Temporary Achorage Devices) - per implant	5,000
ORTH016	Sectional Fixed Appliance per arch/ 4x2 appliance	15,000
	Lingual Orthodontics	
ORTH017	Single arch - Mild & Moderate	50,000
ORTH018	Single arch - severe	75,000
ORTH019	Class I Malocclusion - Mild & Moderate	75,000
ORTH020	Class I Malocclusion - Severe	75,000
ORTH021	Class I Maloccl. - Severe + Complications	75,000
ORTH022	Class II + III - mild	75,000
ORTH023	Class II + III - moderate	75,000
ORTH024	Class II + III - severe	75,000

#	SERVICES	Cash Payer (Kshs.)
ORTH025	Class II + III - severe +complications	125,000
	Interceptive Orthodontics	
ORTH026	First Removable appliance per arch	5,000
ORTH027	Fixed Interceptive Orthodontics Appliance	5,000
ORTH028	Subsequent Removable appliance	5,000
ORTH029	Removable Habit Breaker	5,000
ORTH030	Fixed Habit breaker	5,000
ORTH031	Fixed Space Maintainer per arch	5,000
	Retentive Phase of Orthodontics	
ORTH032	Removable retainer per arch	5,000
ORTH033	Fixed retainer per arch	5,000
	Correction of Dentofacial Anomalies	
ORTH034	Functional appliance	10,000
ORTH035	Bite plate for TMJ dysfunction	5,000
ORTH036	Major occlusal adjustment	5,000
ORTH037	Minor occlusal adjustment	2,500
ORTH038	Passive presurgical protheses	5,000
ORTH039	Active Presurgical Orthopaedic Appliance	15,000
ORTH040	Activation of appliance	500
K	**DENTAL TREATMENT UNDER CONSCIOUS SEDATION**	
DCONSED01	Children	10,000
DCONSED02	Adults	10,000
J	**DENTAL TREATMENT UNDER GENERAL ANAESTHESIA**	
DGA001	Children : Multiple fillings (Full Mouth Restorations - FMR) & or Extractions	10,000
DGA002	Adults : Multiple fillings /extractions	10,000
	Maxillofacial surgery	
DGA001	Children : Multiple fillings (Full Mouth Restorations - FMR) & or Extractions	60,000
DGA002	Adults : Multiple fillings /extractions	60,000
	Maxillofacial surgery	
DGA003	ORIF single bones (single bones, mandible, maxilla, zygoma, frantal, NOE	75,000

#	SERVICES	Cash Payer (Kshs.)
DGA004	ORIF multiple panfacial fractures (complex)	90,000
DGA005	open reduction zygoma fracture	40,000
DGA006	MMF under GA	40,000
DGA007	Splinting of fractures/ teeth	30,000
DGA008	Wire osteosynthesis mandible fractures	40,000
DGA009	Removal of implants(hardware)	40,000
DGA010	Soft tissue recontruction(major under GA)	40,000
DGA011	Incision and drainage	30,000
DGA012	Surgical debridement	30,000
DGA013	Removal foreign body	25,000
DGA014	Surgical disimpaction	30,000
DGA015	Mandibulectomy and reconstruction	75,000
DGA016	Maxillectomy	75,000
DGA017	Resection of tumours (major) salivary gland, glossectomy, and reconstruction with flaps	75,000
DGA018	Excision tumours (minor) biopsies	35,000
DGA019	Neck dissection	60,000
DGA021	Enucleation odontogenic cysts	40,000
DGA022	Marsupilization ododntogenic cysts	35,000
DGA023	Vestibuloplasty under GA	35,000
DGA024	TMJ reduction (closed)	30,000
DGA025	TMJ reduction (open)	45,000
DGA026	Emminectomy	60,000
DGA027	TMJ condylectomy/ arthroplasty	75,000
DGA028	TMJ condylectomy with costocondral graft	75,000
DGA029	TMJ disc repositioning	75,000
DGA030	Bone graft ; iliac, rib, fibula	75,000
DGA031	Excision sialolith, ranula	45,000
DGA032	Cleft lip and palate repair	45,000
DGA033	Alveolar bone graft	45,000
DGA034	Bone harvesting for dental implant surgery or facial repair of defects	45,000
DGA035	Oro-antral fistula repair	45,000

14. DEPARTMENT OF PUBLIC HEALTH

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Food Medical Certificate	200	600	200	400
2	Yellow Fever Certificate	300	1,000	300	700
3	Vaccination Certificate	0	300	0	200
4	Public Health Proffesional Fee	0	1,500	0	300
5	Public Health Service Fee(Inpatient & Mortuary)	0	500	0	300
6	De-Jiggering Procedure	0	1,000	0	500
7	Incineration For Medical Wastes		140	140	140
8	Incineration For Expired Drugs And Other Special Wastes		180	140	180
9	Transportation Of Medical Wastes(Per Hour)		3,500	3000	3,500
10	Fumigation Services (Per 40 Meters Square)		5,000	0	5,000
11	Pest Control(Per 40 Meters Square)		5,000	0	5,000

15. ICU SERVICES

ICU SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
Bed Bath	700	1,000	500	700
Cardiac Pacing TCP	2,000	3,000	1,500	2,000
Catheterization	500	650	300	650
Central Line Insertion	8,000	10,400	6,000	8,000
Chest Physiotherapy	1,500	1,950	1,000	1,500
Defibrillation	2,000	2,600	1,500	2,000
Dressing	600	1,000	400	700
Endo-Tracheal Tube Suction Per Session	700	1,000	500	700
Feeding	400	600	200	400
Intubation/Extubation	1,500	1,950	1,000	1,500
Nebulization Per Session	500	1,000	500	700

ICU SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
Non Invasive Ventilation [Bipap, Cpap Machines] Per Day	3,000	3,900	2,500	3,000
Oral Suction Per Session	400	700	200	400
Pac + Turning	400	700	250	400
Resuscitation Per Session	4,000	5,200	3,000	4,000
Daily Bed Charges	5,000	6,500	4,000	6,500
Daily Doctor`S Review	2,500	4,000	2,000	2,000
HDU - Daily		10,000		10,000
ICU - Daily		35,000		35,000
Mechanical Ventilation Per Day	6,500	8,450	4,000	5,000
Nursing Charges	2,500	3,000	2,000	2,000
Oral Toilet/Mouth Care	700	1,000	500	500

16. RENAL UNIT

SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
Catheter Manipulation -Acute	750	1,000	500	700
Catheter Manipulation - Permanent		5,000	NEW	3,000
A.V Fistula Creation	10,000	13,000	7,500	9,000
Catheter Manipulation	1,500	2,000	1,000	1,500
Nutritional Counselling In-Patient	500	700	300	400
Nutritional Counselling Out-Patient	500	700	300	400
Professional Fee	2,000	3,000	1,800	2,000
Psychological Counseling In-Patient	600	700	400	400
Psychological Counseling Out-Patient	500	700	200	400
Renal Biopsy	7,000	10,000	6,000	7,000
Renal Counseling	1,000	1,300	300	500
Hemodialysis & Hemodiafiltration-Per Session		10,650		10,650
Professional Fee	NEW	1,500	NEW	1,500
Subclavian Catheter Insertion - Acute	4,000	5,200	3,000	5,200
Subclavian Catheter Insertion - Permanent		15,000	NEW	15,000
HD Catheter Removal - Acute	2,000	3,000	1,000	2,000
HD Catheter Removal - Permanent		5,000	NEW	3,000

17. FAREWELL HOME SERVICES

SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
ADULT				
Embalming	2000	2,600	1,500	2,600
Post Mortem Fee (Booked)	10000	13,000	8,000	13,000
Post Mortem Fee (Express Service)	13000	16,900	10,000	16,900
Storage- Per Day For The First 7 Days		500	500	500
Storage-Per Day For Extra Days		500	1,000	500
Special Wing Storage Per Day For The Extra Days	1600	2,500	1,200	2,500
Special Wing Storage Per Day For The Fisrt 7 Days	9500	12,350	7,300	12,350
INFANTS – FROM 2 MONTHS UPTO 2 YEARS				
Embalming	910	1,500	700	1,500
Post Mortem Fee (Booked)	10400	13,520	8,000	13,520
Post Mortem Fee (Express Service)	13000	16,900	10,000	16,900
Storage- Per Day For The First 7 Days	390	500	300	500
Storage-Per Day For Extra Days	520	500	400	500
GENERAL CHARGES				
Bier Only		2,500	NEW	2,500
Bodies On Transit(0-24hrs)	3250	4,225	2,500	4,225
Body Reconstructions	3900	5,200	3,000	5,200
Disposal On Request	1300	1,700	1,000	1,700
Drum Sale	910	1,500	700	1,500
Drum Sale 210l		1,000	NEW	1,000
Drum Sale 35l		200	NEW	200
Express Service	1300	1,700	1,000	1,700
Finger Prints	1300	1,700	1,000	1,700
Handling	1300	1,700	1,000	1,700
Handling Extensively Decomposed Bodies	4550	5,915	3,500	5,915
Lowering Gear	6500	8,450	5,000	8,450
Lowering Gear With Bier(Coffin Stand)		5,000	NEW	5,000
Medico-Legal	3250	4,225	2,500	4,225
Records	260	400	200	400

SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
Release Of Bodies Past Woking Hours	1300	1,700	1,000	1,700
Removal And Recovery Of Implants	3900	5,200	3,000	5,200
Removal Of Foetus & Plates	3900	5,200	3,000	5,200
Search Fee	650	1,000	500	1,000
Shaving, Undoing Plaited Hair		1,000	NEW	1,000
Special Wing Mortuary Sheet(Wrapped On The Body)	1300	1,700	1,000	1,700
Viewing	390	500	300	500

18. TRANSPORT DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Ambulance hired to pick or drop patients within the Eldoret City	a) 600 per hour within CBD. Nursing care fee Ksh 400/=	a) 1000 per hour within CBD. Nursing care fee Ksh 400/=	a) 500 per hour within CBD. Nursing care fee Ksh 200/=	a) 600 per hour within CBD. Nursing care fee Ksh 200/=
		b) Ksh. 50 per Km outside the Eldoret City. Nursing care fee Ksh 1,200/=	b) Ksh. 100 per Km outside the Eldoret City. Nursing care fee Ksh 1,200/=	b) Ksh. 45 per Km outside the Eldoret City. Nursing care fee Ksh 1,000/=	b) Ksh. 50 per Km outside the Eldoret City. Nursing care fee Ksh 1,000/=
2	Hire of Ambulance to transfer or pick patients from Eldoret International Airport / Airstrip	3,000 per hour Nursing care fee Ksh 1,200/=	3,000 per hour Nursing care fee Ksh 1,200/=	2,500 per hour Nursing care fee Ksh 1,000/=	2,500 per hour Nursing care fee Ksh 1,000/=
3	Availing of Ambulance to transfer patients within the Hospital facilities	No charges	No charges	No charges	No charges

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
4	Hire of Ambulance by other Hospitals for use within Eldoret City	1,200 per hour Nursing care fee Ksh 1,200/=	2,000 per hour Nursing care fee Ksh 1,200/=	1,000 per hour Nursing care fee Ksh 1,000/=	1,500 per hour Nursing care fee Ksh 1,000/=
5	Hire of staff bus	b) Ksh.100 per km for non staff.	b) Ksh.150 per km for non staff.	a) Ksh.70 per km for staff.	a) Ksh.120 per km for staff.
		c) Ksh.2,000 within CBD for non staff.	c) Ksh.2,500 within CBD for non staff.	N/A	N/A
		d) Ksh. 3,000 Per Hr for non staff within Eldoret City	d) Ksh. 3,000 Per Hr for non staff within Eldoret City	d) Ksh. 2,000 Per Hr for Staff within Eldoret City	d) Ksh. 2,000 Per Hr for Staff within Eldoret City
6	Hire of staff Van	a) Ksh.50 per KM for non staff.	a) Ksh.100 per KM for non staff.	a) Ksh.45 per KM for staff.	a) Ksh.70 per KM for staff.
		b) Ksh.1,800 Per Hr for Non-staff within Eldoret City	b) Ksh.2,500 Per Hr for Non-staff within Eldoret City	b) Ksh.1,500 Per Hr for staff within Eldoret City	b) Ksh.2,000 Per Hr for staff within Eldoret City
7	Hearse	a) Ksh.50 per KM for Non-staff.	a) Ksh.60 per KM for Non-staff.	a) Ksh.45 per KM for staff.	a) Ksh.60 per KM for staff.
		b) Ksh.1,800 for Non-staff within Eldoret City.	b) Ksh.2,000 for Non-staff within Eldoret City.	b) Ksh.1,500 for staff within Eldoret City	b) Ksh.1,500 for staff within Eldoret City

19. MEDICAL RECORDS -LEGAL SERVICES

	SERRVICES	CURRENT	PROPOSED
1	Filling P3 form	2,000	5,000
2	Insurance Filling	2,500	5,000
3	Medical Report	2,500	5,000
4	Verification of Medical Documents	1,500	5,000

20. MTRH COLLEGE OF HEALTH SCIENCES

#	COURSE TITTLE	CURRENT FEE(SHS) 2022/23 FY	5% FEE INCREMENT (KSHS)	PROPOSED NEW FEE(SHS) 2024/2025 onwards
1	KRN	275,000	13,750	288,750
2	KRCHN	148,000	7,400	155,400
3	Certificate In Mortician	100,000	5,000	105,000
4	Certificate In Anaesthetic Assistants	100,000	5,000	105,000
5	HND In Clinical Medicine	210,000	10,500	220,500
6	Orthopaedics & Trauma Technology	275,000	13,750	288,750
7	HND In Specialised Nursing	183,500	9,175	192,675
8	DHRIT (Upgrading)	193,000	9,650	202,650
9	DHRIT	275,000	13,750	288,750
10	CHRIT	150,000	7,500	157,500
11	Post Graduate Diploma In Clinical Pharmacy	250,000	12,500	262,500

21. SURGERIES AND PROCEDURES

As per SHIF Tariffs