



*An ISO 9001:2015 Certified Hospital*



# **MOI TEACHING AND REFERRAL HOSPITAL**

## **PROPOSED USER FEE MANUAL**

### **FOR THE PRIVATE WINGS**

**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 Private Wings has improved access to primary and specialized health care services. This includes access by private citizens, foreigners and corporate clientele in Western Region of Kenya, which has in turn translated to more revenue to supplement the hospital budget to meet the growing demand for health care for underprivileged putting in mind the poverty levels in the region and our core business as per the mandate stated in the Legal Notice.

This document has been developed as a reference document for costs of all services and good to be rendered in the process of health care provision in the Hospital. It clearly states how various diagnostic and general administrative fees will be levied within the recommended and acceptable statutory & regulatory requirements and also in line with the MTRH Strategy 2023-2028.

Appreciation goes to the various committees, Hospital management team, staff and statutory bodies who contributed in one way or another in successful development of this user Fee Manual. The role of the Private Wings in the Hospital has been clearly defined as to generate income in support of the General Hospital. This is a crucial mandate hence the need to occasionally revise the user fee manual to be able to suit the role.

The User Fees increase reflected in the revised manual was necessitated by the fact that the document was lastly revised six years ago and since then, inflationary pressure and increase in consumer price index. This did not go hand in hand with the cost of giving services in the hospital hence at some point the hospital was offering some services at a loss. Costing of services in the Private Wings is enhanced from the normal rates so as to allow the Wings to accomplish their mandate and this is clearly indicated in the guidelines for operations in the two units. Despite our new User Fees, MTRH rates are still much lower compared to private hospitals in the region.

There is no major difference in the quality of care between the services offered in the two wings. This has been ensured so as to be able to cater for all our corporate clients cutting across the board from the low scheme services to the high scheme services.

I do take this opportunity to acknowledge and appreciate our esteemed clients for having the 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.

**SITOYO LOPOKOIYIT, MBS**

**CHAIRMAN**

## **ACKNOWLEDGEMENT**

I would like to acknowledge the contribution of the following administrative and technical officer in the Hospital towards the development of this User Fee manual for Private Wings:

### **A. MEMBERS OF PRIVATE WING EXECUTIVE COMMITTEE (PWEC)**

1. Chief Executive Officer
2. Senior Director Clinical Services
3. Senior Director Administration and Finance
4. Director Commercial Services
5. Director Human Resource Management and Development
6. Director Nursing Services
7. Director Finance
8. Manager Finance
9. Deputy Manager Finance
9. Principal Accountant
10. Secretary – Private Wing Advisory Committee

### **B. MEMBERS OF PRIVATE WING ADVISORY COMMITTEE (PWAC)**

1. Director Commercial Services
2. Chairman Private Wing Advisory Committee
3. Deputy Medical Director, Private Wing 1
4. Deputy Medical Director, Private Wing II
5. Medical Director, Private Wing II OPD
6. Hospital Engineer
7. Legal Officer
8. Accountant PW 1
9. Accountant PW II
10. Nurse Manager PW 1
11. Nurse Manager PW II OOPD
12. Nurse Manager PW II Inpatient
13. HAO, PW 1
14. HAO, PW II, OPD
15. HAO, PW Inpatient

16. Resource Mobilization Officer
17. Pharmacist In-charge PWs
18. Supplies and Procurement In-charge of PWs
19. Health Records Information Management Systems In-charge PWs

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 Private Wings..

**DR. PHILIP KIRWA**  
**CHIEF EXECUTIVE OFFICER**

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## 1. OUT-PATIENT SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
<b>A</b>	<b>CONSULTATION FEE</b>				
1	Consultant	2,500	3,000	2,000	2,500
2	Medical Officer	1,800	2,500	1,500	2,000
3	Physiotherapy (Per Session)	1,500	2,000	1,200	1,500
4	Occupational Therapy (Per session)	1,500	2,000	1,200	1,500
	<b>MATERNAL CHILD HEALTH (MCH)</b>				
	<b>ATENATAL CLINIC</b>				
1	Consultant	2,500	3,000	2,000	2,500
2	Medical Officer	1,800	2,500	1,500	2,000
3	Midwife/Nursing	800	1,000	700	800
	<b>MCH FAMILY PLANNING</b>				
1	Nursing Officer	600	1,000	500	800
2	Insertion and Removal of Implants	6,000	7,000	4,500	5,000
3	PAP Smear	2,500	3,500	2,000	2,500
4	Examination Under LA	5,000	5,000	4,500	4,500
	<b>MCH WELL BABY CLINIC</b>				
1	Immunization	350	500	300	300
2	Weighing and Health Education	250	500	200	250
	<b>ENT OUT PATIENT SERVICES</b>				
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	Rhinotomy & 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
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

## 2. INPATIENT SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
<b>B</b>	<b>IN-PATIENT (CONSULTATION FEES)</b>				
	<b>DAILY REVIEW</b>				
1	Consultant/Specialist Review	3,500	4,000	3,000	3,500
2	ICU Review (Consultant/Specialist Review)	NEW	4,500	NEW	3,500
3	Resident Doctor	2,000	3,000	1,800	2,500

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
4	ICU Review (Resident Doctor)	NEW	3,000	NEW	2,500
5	Clinical Pharmacist (Charged once)	3,500	4,000	3,000	3,500
	<b>OTHER IN-PATIENT SERVICES</b>				
1	Physiotherapy (Per Session)	1,500	2,000	1,200	1,500
2	Occupational Therapy (Per session)	1,500	2,000	1,200	1,500
3	Nursing Care/Professional Fee	1,500	2,000	1,200	1,500
	<b>WARD PROCEDURES</b>				
1	Consultant	6,000	6,000	4,500	4,500
2	Medical Officer	2,500	4,000	2,500	3,000
3	Medical Officer (Locum per Hour)	1,000	1,000	1,000	1,000
4	Clinical Officer (Locum per Hour)	700	700	700	700
5	Nursing Officer (Locum per hour)	700	700	700	700
	<b>DAILY BED CHARGES</b>				
1	General Wards	3,500	4,000	3,500	4,000
2	Single Rooms	4,500	5,000	4,500	5,000
3	Double Bed Rooms (Self Contained)	4,500	5,000	4,500	5,000
4	Double room	4,000	5,000	4,000	5,000
5	Fully Private (Self Contained)	7,000	9,000	7,000	9,000
6	Executive Rooms	10,000	12,000	10,000	12,000
7	Children Wards	3,500	4,000	3,500	4,000
8	Day Care OPD/Observation	1,500	3,000	1,500	2,000
9	Day Care in Specific Rooms/Wards (50% of rooms Fee)				
10	Admission Fee	3,500	4,000	3,500	4,000



#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
12	HDU				
	<b>DEPOSITS</b>				
1	Medical Deposit	20,000	30,000	20,000	30,000
2	Surgical Emergency Deposit	40,000	40,000	40,000	40,000
3	Emergency Admission Deposit (Payable within 24 Hours)	20,000	30,000	20,000	30,000
4	Elective Procedure Equivalent to estimated surgical fee				
	<b>MATERNITY CHARGES</b>				
1	Maternity Admission Package (Mother & Baby)	4,000	5,000	4,000	5,000
2	Delivery Room Fee	6,000	8,000	6,000	6,000
	<b>MATERNITY DAILY BEDS FEES</b>				
1	Maternity General Ward Bed	3,000	4,000	3,000	3,000
2	Singe Semi-Private Room Bed	4,000	5,000	4,000	4,500
3	Full Private Room Bed (Self Contained)	7,000	9,000	7,000	9,000
4	Nursing fee	1,200	2,000	1,200	1,500
5	Incubation	2,500	4,000	2,000	3,000
6	Phototherapy (Inclusive of Incubation)	3,000	4,000	2,500	3,000
7	NICU				
	<b>NORMAL DELIVERY CHARGES</b>				
1	Consultant	28,000	29,400	10,000	10,500
2	Medical Doctor	6,300	6,600	4,500	4,700
3	Midwife	8,000	8,400	5,000	5,250
4	Receiving baby by Pediatrician	12,000	15,000	8,000	10,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	<b>OTHER MATERNITY SERVICES</b>				
1	Exchange Transfusion	10,000	12,000	10,000	10,000
2	Notification Fees	250	300	250	250
3	Immunization Fees	300	500	300	300
4	Late Notification	500	500	500	500
	<b>DEPOSITS</b>				
1	Admission Deposit for Normal Delivery	Pre-Authorization		30,000	
2	Admission Deposit/Planned Elective Operations	Equivalent to estimated surgical fee			

### 3. RADIOLOGY SERVICES DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	<b>i ) X- Ray of Extremities</b>				
1	Hand	1,200	1,400	900	1,000
2	Both Hands	1,700	1,900	1,200	1,300
3	Wrist	1,200	1,400	900	1,000
4	Both Wrists	1,700	1,900	1,200	1,300
5	Scaphoid views	1,700	1,900	900	1,000
6	Forearm	1,700	1,900	900	1,000
7	Both forearms	1,700	1,900	1,200	1,300
8	Elbow	1,200	1,400	900	1,000
9	Both elbows	1,700	1,900	1,200	1,400
10	Humerus	1,200	1,400	900	1,000
11	Both humeri	1,700	1,900	1,200	1,300
12	Shoulder	1,200	1,400	900	1,000
13	Scapula	1,200	1,400	900	1,000
14	Both Scapula	1,700	1,900	1,200	1,400
15	Both shoulders	1,700	1,900	1,200	1,400
16	Clavicle	1,200	1,400	900	1,000
17	Both clavicles	1,700	1,900	1,200	1,400

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
18	Sternoclavicular joint	1,700	1,900	1,100	1,200
19	Foot	1,200	1,400	1,000	1,100
20	Both feet	1,700	1,900	1,200	1,300
21	Ankle	1,200	1,400	1,000	1,100
22	Both ankles	1,700	1,900	1,200	1,300
23	Leg	1,200	1,400	1,000	1,100
24	Both legs	1,700	1,900	1,200	1,300
25	Knee	1,200	1,400	1,000	1,100
26	Both knees	1,700	1,900	1,000	1,100
27	Knee skyline view	1,200	1,400	1,000	1,100
28	Both knees with skyline view	1,700	1,900	1,200	1,300
29	Femur	1,700	1,900	1,000	1,100
30	Both femora	2,200	2,400	1,400	1,500
31	Heels	1,200	1,400	1,000	1,100
32	Hip	1,700	1,900	1,000	1,100
33	Both hips	1,700	1,900	1,200	1,300
34	Pelvis	1,700	1,900	1,200	1,300
35	Pelvis and 2 Obliques	2,200	2,400	1,500	1,600
36	Bone Age Assessment	2,200	2,400	1,500	1,600
37	Portable X – rays (Chargeable on top of service rendered)	200	400	200	300
38	Image Intensifier per hour	4,000	6,000	2,000	3,000
	<b>ii) Chest</b>				
1	AP or PA chest	1,200	1,400	1,000	1,100
2	Thoracic inlet	1,200	1,400	1,000	1,100
3	Chest PA & lateral / oblique	1,700	1,900	1,300	1,400
4	Chest PA & lateral / 2 obliques	1,700	1,900	1,300	1,400
5	THORACIC INLET		1,400		1,100
	<b>iii) Skull</b>				
1	Skull 2 views	1,700	1,900	1,300	1,400
2	Skull 3 views	2,200	2,400	1,400	1,500
3	Skull 4 views	2,700	2,900	1,700	1,800
4	Pituitary fossa	1,200	1,400	1,000	1,100
5	Mandibles with one oblique	1,700	1,900	1,200	1,300

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
6	Mandibles with one oblique	2,200	2,400	1,400	1,500
7	Facial bones 4 Views	2,700	2,900	1,400	1,500
8	Optic foramina	1,200	1,400	1,000	1,100
9	T.M. joints	2,200	2,400	1,400	1,500
10	Mastoids	1,700	1,900	1,400	1,500
11	Paranasal sinuses	2,200	2,400	1,600	1,700
12	Postnasal space (PNS) - Soft tissue	1,200	1,400	1,000	1,100
13	Maxillary antrum / orbit antrum	1,200	1,400	1,000	1,100
14	Orbits 3 views	2,200	2,400	1,500	1,600
15	Nasal bone	1,200	1,400	1,000	1,100
	<b>iv) Spine</b>				
1	CERVICAL AP AND LAT	1,700	1,900	1,200	1,400
2	CERVICAL AP AND LAT/OBLIQUE	1,700	1,900	1,400	1,600
3	CERVICAL (5 VIEW) FLEXION AND EXT	2,700	2,900	2,200	2,300
4	THORACIC AP AND LAT	1,700	1,900	1,300	1,400
5	LUMBAR AP AND LAT	1,700	1,900	1,300	1,400
6	LUMBAR AP, LAT AND OBLIQUE	1,700	1,900	1,300	1,400
7	SACRO ILIAC JOINTS	1,700	1,900	1,200	1,400
8	SACRUM AND COCCYX	1,200	1,400	1,000	1,200
9	SKELETAL SURVEY	5,200	5,400	4,100	4,300
10	WHOLE SPINE	7,200	7,400	4,800	6,000
	<b>v) Abdomen</b>				
1	Supine abdomen	1,200	1,400	1,100	1,200
2	Supine & erect abdomen	1,700	1,900	1,200	1,300
3	Pelvimetry	1,200	1,400	1,100	1,200
	<b>vi) Dental X-rays</b>				
1	IOPA	1,200	1,400	1,000	1,100
2	OPG	2,200	2,400	1,200	1,300
3	Bilateral Bite Wing (BBW)	2,200	2,400	1,200	1,300

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
4	Occlusal	1,700	1,900	500	600
	<b>vii) Special X-rays</b>				
1	Unilateral venogram	15,000	20,000	10,000	13,000
2	Bilateral venogram	20,000	25,000	15,000	18,000
3	Unilateral femora arteriogram	20,000	25,000	15,000	18,000
4	Bilateral femora arteriogram	20,000	25,000	15,000	18,000
5	Regional selective arteriogram	25,000	30,000	20,000	23,000
6	Bilateral flush aortography	25,000	30,000	20,000	23,000
7	Unilateral carotid angiogram	25,000	30,000	20,000	23,000
8	Bilateral carotid angiogram	25,000	30,000	20,000	23,000
9	4 Vessel angiogram	25,000	30,000	20,000	23,000
10	Myelogram (Regional)	6,000	12,000	5,000	8,000
11	Myelogram (Whole Spine)	9,000	15,000	8,000	10,000
12	Fistulogram	6,500	10,000	5,000	8,000
13	Splenoportovenogram	6,000	10,000	5,000	8,000
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	6000	3,500	4,500
	<b>viii) Special X-rays GI System</b>				
1	Barium swallow	8,000	9,000	6,000	6,000
2	Barium meal	8,000	9,000	6,000	7,000
3	Barium meal & follow through	8,000	10,000	7,000	8,000
4	Gastrograffin examination	8,000	10,000	6,000	8,000
5	Barium enema	8,000	10,000	7,000	8,000
6	Double contrast barium enema	8,000	10,000	7,000	8,000
7	Small Bowel Enema	8,000	10,000	6,000	7,000
	<b>ix) Special X-rays Urinary System</b>				

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	IVU	7,000	9,000	6,000	7,000
2	Retrograde pyelogram	6,000	7,000	5,000	6,000
3	MCU	6,000	8,000	5,000	6,500
4	Ascending cystourethrogram	5,000	6,000	4,000	5,000
5	MCU + Ascending cystourethrogram	7,000	8,000	6,000	6,500
6	Cystogram	7,000	7,500	6,500	6,500
	<b>x) Special X-rays Biliary System</b>				
1	T – Tube cholangiogram	5,000	7,000	4,000	5,000
2	Cholangiogram in theatre	7,000	7,000	6,000	6,000
3	PT Cholangiography	8,000	10,000	7,000	7,500
	<b>xi) Ultrasounds</b>				
1	Abdominal	3,500	4,000	3,000	3,500
2	Neck	3,500	4,000	3,000	3,500
3	Abdominal pelvic	4,000	4,000	3,500	3,500
4	Kidneys, Ureters and bladder (KUB)	3,500	4,000	3,000	3,500
5	Pelvic	3,500	4,000	3,000	3,500
6	Renal	3,500	4,000	3,000	3,500
7	Obstetrics	3,500	4,000	3,000	3,500
8	Ultrasound guided biopsies	12,000		8,000	
9	Bilateral doppler	6,000	6,000	4,500	5,000
10	Unilateral doppler	5,000	5,000	4,000	4,000
11	Cranial	3,500	4,000	3,000	3,500
12	Prostate	3,500	4,000	3,000	3,500
13	Thyroid	4,000	4,500	3,000	3,500
14	Testes	4,000	4,500	3,000	3,500
15	Breast	3,500	4,000	3,000	3,500
16	Extremity	4,000	4,500	3,000	3,500
17	Chest	4,000	4,500		3,500
	<b>xii) CT Scans</b>				
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

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
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	15,000	12,000	12,000	8,500
7	Extremities/Joints	10,000	10,000	6,000	6,000
8	Pelvic	10,000	10,000	6,000	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	8,000	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
17	CT Renal Angiography	15,000	12,500	12,000	15,500
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	18,000	16,500	12,500
24	CT Head & Neck & Chest & Abdomen	29,000	36,000	20,000	23,500
	<b>xiii) MRI Scans</b>				
1	Brain Without Contrast	15,000	15,500	10,000	11,500
2	MRA Without Contrast (TOF)	6,000	8,000	5,000	6,000
3	MRV Without Contrast (TOF)	6,000	8,000	5,000	6,000
4	MR Spectroscopy (MRS)	20,000	20,500	15,000	15,500
5	Contrast Enhanced MRA Per Region	15,000	16,000	10,000	11,500
6	Contrast Enhanced MRV Per Region	15,000	16,000	10,000	11,000
7	Orbits	15,000	15,500	10,000	11,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
8	PNS	15,000	15,500	10,000	11,500
9	Neck soft Tissue without Contrast	15,000	15,500	10,000	11,500
10	Chest without Contrast	15,000	15,500	10,000	11,500
11	Abdomen without Contrast	15,000	15,500	10,000	11,500
12	MR Cholangio-Pancreatography (MRCP)	15,000	15,500	10,000	11,500
13	Pelvis without Contrast	15,000	15,500	10,000	11,500
14	Renal without Contrast	15,000	15,500	10,000	11,500
15	Extremities/Joints Without Contrast	15,000	15,500	10,000	11,500
16	Spine Regional - Without Contrast	15,000	15,500	10,000	11,500
17	Brain & Neck Without Contrast	22,500	25,000	15,000	17,000
18	Abdominal Pelvic Without Contrast	22,500	25,000	15,000	17,000
19	Temporal- Mandibula Joints (TMJ) Without Contrast	15,000	15,500	10,000	11,500
20	Thoracic & Lumbar Without Contrast	22,500	25,000	15,000	17,000
21	Brain and Cervical Without Contrast	22,500	25,000	15,000	17,000
22	Cervical and Thoracic Without Contrast	22,500	25,000	15,000	17,000
23	Cervical, Thoracic and Lumbar Without Contrast	30,000	37,000	20,000	25,000
24	MRI Mobi - View Without Contrast	6,000	8,000	5,000	6,000
25	MR Briachial Plexus Without Contrast	15,000	15,500	10,000	11,500
26	MRI Prostate Without Contrast	15,000	15,500	10,000	11,500
27	MRI Breast Without Contrast	15,000	15,500	10,000	11,500
28	MRI Cardiac	15,000	15,500	10,000	11,500
	<b>xv) Reporting of Films From Outside</b>				
1	Reporting of MRI/CT films (Including Printing)	3,000	3,500	2,000	2,500
2	Reporting of General X-rays (Including Printing)	500	1,000	500	600



#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	<b>Interventional Radiology Procedures</b>				
	<b>xvi) Ultrasound Guided Biopsies</b>				
1	IR Assessment (New Entry)	3,500	3,500	3,000	3,000
2	Ultrasound Guided Liver Biopsy	30,000	30,000	20,000	20,000
3	Ultrasound Guided Renal Biopsy	30,000	30,000	20,000	20,000
4	Ultrasound Guided Abdominal Mass Biopsy	30,000	30,000	20,000	20,000
5	Ultrasound Guided Retroperitoneal Mass Biopsy	40,000	40,000	25,000	25,000
6	Ultrasound Guided Pelvic Mass Biopsy	40,000	40,000	25,000	25,000
7	Ultrasound Guided Breast Mass Biopsy	26,500	26,500	16,000	16,000
8	Ultrasound Guided Lymph Node Biopsy	23,000	23,000	16,000	16,000
9	Superficial Muscular Biopsy	23,000	23,000	16,000	16,000
10	ULTRASOUND GUIDED CHEST MASS/LUNG BIOPSY	NEW	15,750	NEW	10,500
	<b>Xvii) Ultra Sound Guided Fna'S And Aspirates</b>				
1	Ultra Sound Guided Fna Thyroid	16,200	16,200	10,800	10,800
2	Ultra Sound Guided Fna Splenic Aspirate	20,500	20,500	14,000	14,000
3	Ultra Sound Guided Fna Lymph Node	12,000	12,000	7,600	7,600
4	Ultra Sound Guided Fna Deep Lymph Node Fna	20,000	20,000	13,000	13,000
5	Ultra Sound Guided Fna Breast Mass	15,000	15,000	9,200	9,200
6	Ultra Sound Guided Fna Liver Cyst	16,200	16,200	10,400	10,400
7	Ultra Sound Guided Fna Pelvic Cyst	20,000	20,000	13,000	13,000

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
8	Ultra Sound Guided Fna Renal Cyst	20,000	20,000	13,000	13,000
	<b>Xviii) Ultrasound Guided Drainages And Catheter Insertions</b>				
1	Ultrasound Guided Superficial Abscess Drainage(New Entry)	23,000	23,000	17,000	17,000
2	Ultrasound Guided Deep /Retroperitoneal Abscess Drainage	51,000	53,550	35,000	36,750
3	Ultrasound Guided Simple Cyst Drainage	21,000	21,000	17,000	17,000
4	Permanent Ascitic Drainage(New Entry)	51,000	53,550	35,000	35,000
5	Malignant Pleural Effusion Drainage (New Entry)	51,000	53,550	35,000	35,000
6	Sclerotherapy Needed With Cyst Drainage	13,000	13,000	6,500	6,500
7	Pleural Tube Insertion (New Entry)	51,000	53,550	35,000	35,000
8	Temporary Hemodialysis Catheter Insertion (New Entry)	51,000	53,550	35,000	35,000
9	Permanent Hemodialysis Catheter Insertion	55,000	55,000	45,000	45,000
	<b>ixx) Ultrasound Guided Percutaneous Nephrostomy Tube Insertion</b>				
1	UNILATERAL (ONE SIDE)	63,000	63,000	47,000	47,000
2	BILATERAL BOTH SIDES	95,000	95,000	74,000	74,000
	<b>xx) Ureteric Stent Insertion</b>				
1	Unilateral	108,000	108,000	76,000	76,000
2	Bilateral	129,000	129,000	107,000	107,000
	<b>xxi) Biliary Drainages</b>				

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	External Biliary Drainage	80,000	80,000	59,000	59,000
2	Internal- External Drainage	118,000	118,000	81,000	81,000
3	Biliary Stenting	130,000	130,000	87,000	87,000
	<b>xxii) CT Guided Biopsy</b>				
1	CT Guided Chest Mass/ Lung/Mediastinal Biopsy	53,000	53,000	40,000	40,000
2	CT Guided Spinal Mass Biopsy	64,000	64,000	32,000	32,000
3	CT GUIDED LIVER BIOPSY		25,000		15,000
4	CT GUIDED RETROPERITONEAL MASS BIOPSY	NEW	30,000	NEW	15,000
5	CT GUIDED PELVIC MASS BIOPSY	NEW	30,000	NEW	15,000
6	CT GUIDED PELVIC BONE	NEW	40,000	NEW	18,000
	<b>xxiii) CT Guided Aspiration And Drainages</b>				
1	CT Guided Drainages	56,000	56,000	38,000	38,000
2	CT GUIDED CYST DRAINAGE	NEW	42,000	NEW	21,000
	<b>xxvi) Ablations E.G Celiac Ganglion/Lumbar Plexus Ablation Etc</b>				
2	Chemical Ablations	125,000	131,250	78,000	81,900
	<b>RADIOLOGY DOCTORS' FEES DIAGNOSTICS</b>				
1	Plain X-rays reporting	500	600	500	500
2	Specialized X-ray reports	2,500	3,000	2,500	2,500
3	Angiography	2,500	3,000	2,500	2,500
4	Ultra Sound	2,000	3,000	2,000	2,000
5	CT Scans	2,500	3,000	2,500	2,500
6	CT Scan Angiograms	3,750	3,000	3,750	3,750

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
7	MRIs	3,500	3,000	3,500	3,500
8	Reporting Films from outside MTRH	1,000	1,500	1,000	1,000
9	Reporting Films from outside MTRH (Hospital charges)	2,000	2,100	1,000	1,050
	<b>RADIOLOGY DOCTORS' FEES INTERVENTIONAL</b>				
1	IR ASSESSMENT (NEW ENTRY)	2,000	3,000	2,000	2,100
2	ULTRASOUND GUIDED LIVER BIOPSY	17,000	17,850	12,000	12,600
3	ULTRASOUND GUIDED RENAL BIOPSY	17,000	17,850	12,000	12,600
4	ULTRASOUND GUIDED ABDOMINAL MASS BIOPSY	17,000	17,850	12,000	12,600
5	ULTRASOUND GUIDED RETROPERITONEAL MASS BIOPSY	21,000	22,050	15,000	15,750
6	ULTRASOUND GUIDED PELVIC MASS BIOPSY	20,000	21,000	15,000	15,750
7	ULTRASOUND GUIDED BREAST MASS BIOPSY	15,000	15,750	10,000	10,500
6	ULTRASOUND GUIDED LYMPH NODE BIOPSY	12,000	12,600	10,000	10,500
7	SUPERFICIAL MUSCULAR BIOPSY	12,000	12,600	10,000	10,500
	<b>ULTRA SOUND GUIDED FNAs AND ASPIRATES</b>				
1	ULTRA SOUND GUIDED FNA THYROID	12,000	12,600	8,000	8,400

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
2	ULTRA SOUND GUIDED FNA SPLENIC ASPIRATE	15,000	15,750	10,000	10,500
3	ULTRA SOUND GUIDED FNA LYMPH NODE	9,000	9,450	6,000	6,300
4	ULTRA SOUND GUIDED FNA DEEP LYMH NODE FNA	15,000	15,750	10,000	10,500
5	ULTRA SOUND GUIDED FNA BREAST MASS	12,000	12,600	7,000	7,350
6	ULTRA SOUND GUIDED FNA LIVER CYST	13,000	13,650	8,000	8,400
7	ULTRA SOUND GUIDED FNA PELVIC CYST	15,000	15,750	10,000	10,500
8	ULTRA SOUND GUIDED FNA RENAL CYST	15,000	15,750	10,000	10,500
	<b>ULTRASOUND GUIDED DRAINAGES AND CATHETER INSERTIONS</b>				
		12,000	12,600	9,000	9,450
1	ULTRASOUND GUIDED SUPERFICIAL ABSCISS DRAINAGE(NEW ENTRY)	30,000	31,500	23,000	24,150
2	ULTRASOUND GUIDED DEEP /RETROPRITONEAL ABSCISS DRAINAGE	12,000	12,600	9,000	9,450
3	ULTRASOUND GUIDED SIMPLE CYST DRAINAGE	31,000	32,550	22,000	23,100
4	PERMANENT ASCITIC DRAINAGE (NEW ENTRY)	31,000	32,550	22,000	23,100
5	MALIGNANT PLEURAL EFFUSION DRAINAGE (NEW ENTRY)	12,000	12,600	9,000	9,450

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
6	SCLEROTHERAPY NEEDED WITH CYST DRAINAGE (ADD 6,500 For cash Payers / and 13,000 for corporate clients to the above 1-5 drainage prices)				
7	PLEURAL TUBE INSERTION (NEW ENTRY)	31,000	32,550	22,000	23,100
8	TEMPORARY HEMODIALYSIS CATHETER INSERTION (NEW ENTRY)	31,000	32,550	22,000	23,100
9	PERMANENT HEMODIALYSIS CATHETER INSERTION	35,000	36,750	30,000	31,500
	ULTRASOUND GUIDED PERCUTANEOUS NEPHROSTOMY TUBE INSERTION				
1	UNILATERAL (ONE SIDE)	40,000	42,000	30,000	31,500
2	BILATERAL BOTH SIDES	60,000	63,000	45,000	47,250
	URETERIC STENT INSERTION				
1	UNILATERAL	60,000	63,000	40,000	42,000
2	BILATERAL	70,000	73,500	60,000	63,000
	BILIARY DRAINAGE				
1	EXTERNAL BILIARY DRAINAGE	55,000	57,750	40,000	42,000
2	INTERNAL-EXTERNAL DRAINAGE	90,000	94,500	60,000	63,000
3	BILIARY STENTING	90,000	94,500	60,000	63,000
	CT GUIDED BIOPSIES				

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	CT GUIDED CHEST MASS/ LUNG/MEDIASTINAL BIOPSY	30,000	31,500	23,000	24,150
2	CT GUIDED SPINAL MASS BIOPSY	40,000	42,000	30,000	31,500
	<b>CT GUIDED ASPIRATION AND DRAINAGES</b>				
1	CT GUIDED DRAINAGES	60,000	63,000	<b>40,000</b>	42,000
	<b>ABLATIONS E.G CELIAC GANGLION/LUMBAR PLEXUS ABLATION</b>				
1	CHEMICAL ABLATIONS	100,000	105,000	60,000	63,000
2	REPORTING OF FILMS DONE OUTSIDE MTRH (NEW ENTRY)	2,000	2,100	1,400	1,470

#### 4. NURSING SERVICES DEPARTMENT

#	SERVICE	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Wound bed preparation	500	1,500	350	1000
2	Dressing	500	1,500	350	1,000
3	Dressing pack (per pack)	150	1,000	100	500
4	Bed Bath	500	1,000	350	500
5	Naso/orogastric Tube feeding per	300	500	200	300
6	NG Tube insertion	300	500	200	300
7	NG Tube removal	200	300	100	200
8	Oxygen Therapy one hour	200	200	150	150

#	SERVICE	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
9	Stitching under LA	6,000	10,000	4,200	6,000
10	Removal of stitches	1,000	1000	800	800
11	Catheterization/ insertion of Catheter	800	1,000	500	700
12	Excision LA	6,000	10,000	4,200	6,000
13	Nebulization	300	500	200	300
14	Epidural Injection	9,000	15,000	6,300	10,000
15	Bone Marrow Aspirate (LA) BMA	10,000	10,000	8,000	8,000
16	Suctioning per day	800	1,000	500	800
17	PAC+ turning per day	300	500	200	300
18	Indwelling catheter removal	300	300	200	200
19	IV site care (per session)	200	200	100	100
21	Photo-therapy care	3,000	4,000	2,000	3,000
22	Gastric lavage	300	500	200	300
23	Fetal monitoring /NST	omitted			
24	Birth Notification	omitted			
25	Insertion of IUD without GA	2,000	3,000	1,500	2,000
26	Implant insertion/removal	2,000	3,000	1,500	2,000
27	IV access insertion	150	300	100	200
28	Oral care per day	150	250	100	250
29	Stoma care per day	1,000	1,500	800	1,000
30	Tracheostomy care	800	1,500	500	1,000
31	Patient health education	300	800	200	500
32	ECG/EKG	omitted			
33	Episiotomy repair	3,000	3,000	2,000	2,000
34	Incubator care	1,500	2,000	1,000	1,000
35	Blood transfusion monitoring per day	300	1,500	200	1,000
37	Ear irrigation	150	1,000	100	500
40	Bladder irrigation per day	2,000	2000	1,500	1,500
41	Top tailing (NBU)	500	500	350	350



#	SERVICE	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
42	Nursery care	1,000	1,000	800	800
43	New born resuscitation	1,000	1,500	800	1,00
44	Normal delivery (SVD)	12,000	15,000	8,400	10,000
45	Enema Administration	300	1,000	200	500
46	Epidural Injection: Under GA	25,000	25,000	12,000	15,000

#### 4 MENTAL HEALTH DEPARTMENT

#	SERVICE	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Psychiatry consultation	4,500	4,725	3,500	3,675
2	Electroconvulsive therapy per session	9,000	9,450	6,300	10,000
3	MSE for FIREARM Licensing		30,000	10,000	20,000
4	Naltrexone implant	15,000	20,000	10,500	15,000
5	MSE for fitness to stand plea and any legal issue	15,000	15,750	10,500	11,025
6	Individual psychotherapy per session	6,000	6,300	4,200	4,410
7	Family psychotherapy per session	12,000	12,600	8,400	8,820
8	Court appearances to give expert Opinion	New	30,000	New	20,000
12	Letters Requested By Patients And Relatives (Not Medical reports)	New	3,000	New	2,000

#### 5 DERMATOLOGY DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Laser	12,000	12,600	8,400	8,820
2	Electrocautertry	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

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
5	Cryotherapy	15,000	15,750	10,500	11,025
6	Cautery	24,000	25,200	16,800	17,640
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/ microneedling	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

## 5. LABORATORY SERVICES

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
	<b>CLINICAL CHEMISTRY / IMMUNOLOGY TESTS</b>		
1	<b>LIVER FUNCTION TESTS</b>	3,000	2,500
2	ALKALINE PHOSPHATASE	650	450
3	ALANINE AMINOTRANSFERASE (SGPT)	650	450

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
4	ASPARTATE AMINOTRANSFERASE (SGOT)	650	450
5	GAMMA-GLUTAMYL TRANSFERASE	650	450
6	ALBUMIN	650	450
7	BILIRUBIN DIRECT	650	450
8	BILIRUBIN TOTAL	650	450
9	TOTAL PROTEIN	650	450
10	<b>RENAL FUNCTION TEST (UEC)</b>	2,250	1,800
11	CREATININE (SERUM/URINE)	650	450
12	UREA/BUN	650	450
14	SERUM SODIUM	650	450
15	SERUM POTASSIUM	650	450
16	SERUM CHLORIDE	650	450
	<b>OTHERS</b>		
17	LITHIUM	650	450
18	CALCIUM	650	450
19	MAGNESIUM	650	450
20	PHOSPHATE (INORGANIC)	650	450
21	ELECROLYTES (SERUM/URINE)	650	450
22	CREATININE CLEARANCE TESTS	1000	800
23	URINE ALBUMIN CREATINE RATIO (UACR)	1300	800
24	MICROALBUMIN	650	450
25	<b>LIPID PROFILE</b>	2,500	2,000
26	CHOLESTEROL	650	450
27	HDL - CHOLESTEROL	650	450
28	LDL - CHOLESTEROL	1000	700
29	TRIGYCERIDES	650	450
	<b>CARDIAC ENZYMES</b>		
30	CREATINE KINASE	650	450
31	CREATINE KINASE MB (CKMB)	450	450
32	LACTATE DEHYDROGENASE	650	450
	PRO-BNP	3,500	3,000
33	PRO-BNP NT	3,500	3,000
34	MYOGLOBIN	3,250	2,500

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
35	TROPONINE LEVELS	3,250	2,500
36	<b>PANCREATIC ENZYMES</b>	1500	1100
37	LIPASE	750	550
38	ALPHA-AMYLASE	750	550
	<b>DIABETIC PANEL</b>		
39	GLUCOSE	350	250
40	HBAIC-GLYCOSYLATED HEAMOGLOBIN	1,850	1,400
41	ORAL GLUCOSE TOLERANCE TEST (OGTT)	1,850	1,400
42	INSULIN ASSAY	1,500	1,000
43	PARATHYROID HORMONE (PTH)	3,000	2,500
44	<b>IRON STUDIES</b>	7,200	5,400
45	TRANSFERIN	900	600
46	UNSATURATED IRON BINDING CAPACITY (UIBC)	900	600
47	SERUM IRON	1000	700
48	FERRITINE	2,600	2,200
49	FOLATE	2,600	2,200
	<b>VITAMINS</b>		
50	VIT. B12	2,350	1,800
51	VIT. D3	3,500	2,500
	<b>THERAPEUTIC DRUGS</b>		
52	VANCOMYCIN	2,000	1,500
53	TACROLIMUS	2,500	2,000
54	CYCLOSPORINE	2,500	2,000
	<b>OTHER BODY FLUIDS</b>		
55	PLEURAL FLUID (GLUCOSE + PROTEIN)	850	650
56	ASCITIC FLUID (GLUCOSE + PROTEIN)	850	650
57	C.S.F (GLUCOSE + PROTEIN)	850	650
	<b>INFLAMATORY MARKERS</b>		
58	C-REACTIVE PROTEIN (CRP)	900	650
59	PROCALCITONIN	3,250	2,500
	<b>DRUG OF ABUSE</b>		
60	DRUG OF ABUSE SCREENING	3,000	2,500

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
61	BLOOD ALCOHOL	2,000	1,500
	<b>OTHER CHEMISTRY TESTS</b>		
62	BLOOD GASES	2,500	2,000
63	OCCULT BLOOD IN STOOL	650	450
64	SERUM PROTEIN ELECTROPHORESIS	3000	2500
65	SERUM IMMUNOFIXATION	2500	2000
66	URIC ACID	650	450
67	BENCE JONES PROTEIN	650	450
	<b>COMMUNICABLE DISEASES</b>		
68	<b>TRIPLE SEROLOGY</b>	<b>3,200</b>	<b>2,500</b>
	HIV	1,500	1,000
69	HBSAg	1,500	1,000
70	HCV	1,800	1,300
71	Anti HAV IGM	1,500	1,000
72	<b>HEPATITIS PANEL</b>	<b>8,850</b>	<b>6,600</b>
73	ANTI HBc	2,350	1,800
74	ANTI Hbe	2,350	1,800
	ANTI HBs	2,350	1,800
75	HBSAg	1,800	1,200
77	SYPHILLIS	1,500	1,200
	<b>FERTILITY TESTS</b>		
78	FOLLICLE STIMULATING HORMONE (FSH)	2,000	1,500
79	LUTENIZING HORMONE (LH)	2,000	1,500
80	PROLACTIN HORMONE	2,000	1,500
81	PROGESTRONE HORMONE	2,000	1,500
82	ESTRADIOL HORMONE	2,000	1,500
83	OESTROGEN	2,000	1,500
84	TESTOSTERONE	2,000	1,500
85	ANTI MULLERIAN HORMONE	7,500	6,500
86	CORTISOL	2,350	1,800
87	PREGNANCY TEST	350	250
	<b>TUMOR MARKERS</b>		

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
88	PROSTATE SPECIFIC ANTIGEN (PSA)	2,000	1,500
89	ALPHA FETO PROTEIN(AFP)	2,000	1,500
90	CARCINO EMBRYONIC ANTIGEN (CEA)	2,000	1,500
91	CA 19-9	2,000	1,500
92	CA 125	2,000	1,500
93	CA 15-3	2,000	1,500
94	CA 72-4	2,000	1,500
95	BETA HCG	2,000	1,500
	<b>AUTOIMMUNE TESTS</b>		
96	ANTINUCLEAR ANTIBODY (ANA)	2,000	1,500
97	C3	1,000	700
98	C4	1,000	700
99	ENA PANEL	2,200	1,500
100	DsDNA	2,000	1,500
101	Anti CCP	2,000	1,500
102	<b>THYROID FUNCTION TEST (TFTS)</b>	<b>3,000</b>	<b>2,500</b>
103	TSH	1,500	1,200
104	FT3	1,500	1,200
105	FT4	1,500	1,200
	<b>OTHER IMMUNOASSAYS</b>		
106	HELICOBACTER PYLORI (H.PYLORI)	1,000	700
107	TOXOPLASMA	2,000	1,500
108	TOXO IGG	2,000	1,500
109	TOXO IGM	2,000	1,500
110	SALMONELA ANTIGEN TEST	650	450
111	BRUCELLA TEST	650	450
112	ASOT TEST	650	450
113	RHEUMATOID FACTOR (R.F.) TEST	650	450
114	RUBELLA IGG	3,000	2,500
115	RUBELLA IGM	3,000	2,500
116	CMV IGG	3,000	2,500
117	CMV IGM	3,000	2,500
	<b>HAEMATOLOGY TESTS</b>		

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
118	FULL HEAMOGRAM (FHG)	1000	800
119	FHG WITH PERIPHERAL BLOOD FILM (PBF)	1800	1400
120	ESR	650	450
121	SICKLING TEST	650	450
122	BLEEDING TIME TEST	650	450
123	CLOTTING TIME TEST	650	450
124	PROTHROMBIN TIME TEST	900	650
125	ACTIVATED PARTIAL PROTHROMBIN TIME (APTT)	900	650
126	COAGULATION PROFILE	1,800	1,400
127	BONE MARROW EXAMINATION	2,500	2,000
128	LE PREPARATION	450	300
129	FIBRINOGEN	650	450
130	RETICULOCYTE COUNT	700	500
131	D-DIMER	2,000	1,500
132	HB-ELECTROPHORESIS	2,500	2,000
134	DEFICIENCY FACTOR VIII	2000	1500
135	DEFICIENCY FACTOR IX	2000	1500
	<b>MICROBIOLOGY TESTS</b>		
136	BLOOD CULTURE/SENSITIVITY	2600	2200
137	CSF CULTURE AND SENSITIVITY	2,000	1500
138	PUS CULTURE SENSITIVITY	2,000	1500
139	ASPIRATE CULTURE SENSITIVITY	2,000	1500
140	STOOL CULTURE SENSITIVITY	2,000	1500
141	URINE CULTURE SENSITIVITY	2,000	1500
142	HVS CULTURE SENSITIVITY	2,000	1500
143	ENDOCERVICAL SWAB CULTURE & SENSITIVITY	2,000	1500
144	TISSUE CULTURE CULTURE & SENSITIVITY	2,000	1500
145	SPUTUM BACTERIAL CULTURE & SENSITIVITY	2,000	1500
146	THROAT SWAB CULTURE CULTURE & SENSITIVITY	2,000	1500
147	URETHRAL SWAB CULTURE & SENSITIVITY	2,000	1500
148	CENTRAL LINE CATHETER TIP CULTURE & SENSITIVITY	2,000	1500

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
149	ENTERAL FEEDING TUBE TIP CULTURE & SENSITIVITY	2,000	1500
150	RECTAL SWAB CULTURE AND SENSITIVITY	2,000	1500
151	INDIAN INK MICROSCOPY	650	450
152	HVS MICROSCOPY	900	700
153	GRAM STAINING MICROSCOPY	650	450
154	KOH FUNGAL ELEMENTS MICROSCOPY	1000	700
155	CRYPTOCOCCUS ANTIGEN LATEX (CSF/SERUM)	2,000	1,500
156	SEMINALYSIS	1,500	1,200
157	ENVIRONMENTAL SWABBING (Per swab)	2,000	1,500
158	BIOFIRE ME PANEL (MENINGOENCEPHALITIS)	45,000	40,000
159	BIOFIRE GI PANEL (GASTROINTESTINAL)	35,000	32,000
160	BIOFIRE BLOOD CULTURE ID PANEL	45,000	40,000
161	EXAMINATION FOR RAPE CASE MICROSCOPY	800	600
162	URETHRAL SWAB MICROCOPY	800	600
163			
164	<b>BLOOD TRANSFUSION UNIT</b>		
165	GROUPING AND CROSSMATCH	1,600	1200
166	WHOLE BLOOD	1,600	1200
167	PLATELET CONCENTRATE	1,600	1200
168	FRESH FROZEN PLASMA	1,600	1200
169	PACKED RED CELLS	1,600	1200
170	CRYOPRECIPITATE	1,600	1200
171	BLOOD GROUP AND RHESUS GROUPING (FORWARD)	700	500
172	DU TEST	700	500
173	ANTIBODY IDENTIFICATION	700	500
174	ANTIBODY TITRATION	700	500
175	DIRECT COOMBS TEST/DAT	700	500
176	INDIRECT COOMBS TEST/IAT	700	500
177	THERAPEUTIC PHLEBOTOMY	1,500	1200
	<b>HISTOPATHOLOGY TESTS</b>		
178	ENDOSCOPY SPECIMEN	7000	5000



#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		CURRENT	CURRENT
179	INTERVENTIONAL RADIOLOGY (IR) SPECIMEN	7000	5000
80	PUNCH BIOPSIES	7000	5000
181	TREPHINE BIOPSY	7000	5000
182	SURGICAL RESECTION SPECIMEN FOR HISTOLOGY	8000	6000
183	CYTOLOGY (ASPIRATE & EXFOLIATIVE)	4500	3500
184	IMMUNOHISTOCHEMISTRY BLOCK	20000	15000
185			
186	<b>MOLECULAR TESTS</b>		
187	SAR-COV-2 (COVID-19)	0	0
189	PCR BCR-ABL	18,000	14,000
170	HEPATITIS B VIRAL LOAD	7000	5000
171	HUMAN PAPILLOMA VIRUS (HPV) PCR	7000	5000
	<b>PARASITOLOGY</b>		
172	BLOOD SLIDE FOR MALARIAL PARASITES	450	250
173	BLOOD SLIDE FOR TRYPANASOMES	700	500
174	BLOOD SLIDES FOR LEISHMANIA	700	500
175	BLOODSLIDE FOR MICROFILARIA	700	500
176	FORMOL GEL	700	500
177	STOOL MICROSCOPY FOR O/C	700	500
178	STOOL (ZN) FOR CRYPTOCOCCUS	700	500
179	URINALYSIS	700	500
180	TRICHOMONAS	700	500
181	ZINC SULFATE FLOATATION TECHNIQUE	800	650
182	KATO KATZ TECHINQUE	800	650
184	HARADA-MORI STOOL CULTURE	1,000	800

## 6. OPHTHALMOLOGY

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
	<b>a) Diagnostic Tests</b>				
1	Tonometry per eye	1,200	1,260	1,000	1,050
2	Pachymetry per eye	1,800	1,890	1,200	1,260

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
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
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

## 7. ONCOLOGY DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		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

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
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
15	Chemotherapy Prescription And Administration (1 <sup>st</sup> Session) Doctors Fees	15,000	15,750	10,000	10,500

## 8. CARDIOLOGY

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Electrocardiogram (Ecg)	2,000	2,100	1,500	1,500
2	Echocardiogram (Echo) Adult	5,000	5,250	3,500	5,000
3	Echocardiogram (Echo) Paediatrics	8,000	8,400	5,000	5,250
4	Stress Ecg (Total Cost)	15,000	15,750	10,000	10,500
5	Stress Ecg (Doctor's Fees)	8,000	8,400	6,000	6,300
6	Stress Echo (Total Cost)	20,000	21,000	15,000	15,750
7	Stress Echo (Doctor's Fees)	12,000	12,600	8,000	8,400
8	TRANS - ESOPHAGEAL ECHOCARDIOGRAM	NIL	15,000.00	NIL	15,000.00
9	CARDIOVERSION	160	5,000.00	160	5,000.00
10	PERICARDIOCENTESIS	10,000.00	20,000.00	10,000.00	20,000.00
11	DEFIBRILLATION	160.00	3,000.00	160.00	3,000.00
12	NGT TUBE FEEDING	200.00	500.00	200.00	500.00
13	RESUSCITATION PER SESSION	2,000.00	2,000.00	2,000.00	2,000.00
14	CVC INSERTION	1,600.00	8,000.00	1,600.00	8,000.00
15	ASCITIC TAP	500.00	1,000.00	500.00	1,000.00
16	BIPAP	2,500.00	3,500.00	2,500.00	3,500.00
17	ARTERIAL LINE INSERTION	NIL	3,000.00	NIL	3,000.00
18	TRANSCUTANEOUS PACING	750.00	6,000.00	750.00	6,000.00
19	TEMPORARY PACE MAKER	1,500.00	100,000.00	1,500.00	100,000.00
20	24 HOUR HOLTER MONITORING	NIL	10,000.00	NIL	10,000.00

## 9. NUTRITION DEPARTMENT

#	NUTRTION SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
1	Nutritional- Inpatient Services	1,200	1,500	600	800
2	Nutritional -Out-Patient	1,200	1,500	600	800
3	Nutritional Review	800	800	400	400
4	Diet Formulation	800	1,000	400	600

## 10. PLASTER DEPARTMENT

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
2	Application of Bandages	1,500	1,575	1,200	1,260
3	Application of Cockup Splints	1,500	1,575	1,200	1,260
4	Application of upper limb sugar tong splints	1,500	1,575	1,200	1,260
5	Application of Lower Limb Robert Jones Splints Below the knee	2,000	2,100	1,500	1,575
6	Application of Lower Limb Robert Jones Splints Above the knee	2,200	2,310	1,700	1,785
7	Application of Gutter Splint	1,500	1,575	1,200	1,260
8	Application of Extension Block	1,500	1,575	1,200	1,260
9	Manipulation and Reduction of Dislocations	2,000	2,100	1,500	1,575
10	Application of Cylinder Plaster	2,200	2,310	1,700	1,785
11	Application of Back slab	1,200	1,260	1000	1,050
12	Application of Upper Limb Circular Casts	1,500	1,575	1,200	1,260
13	Application of Lower Limb Circular Casts	2,200	2,310	1,700	1,785
14	Application of Hip Spica	3,300	3,465	2,000	2,100
15	Application of Shoulder Spica	3,000	3,150	2,000	2,100

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
16	Application of Clavicle Brace	300	315	200	210
17	Application of knee Braces	300	315	200	210
18	Application of shoe cast	1,200	1,260	1,000	1,050
19	Application of Wrist Braces	300	315	200	210
20	Application of cervical collars	300	315	200	210
21	Application of Minerva jackets	3000	3,150	2000	2,100
22	Application of Thumb spica	1500	1,575	1200	1,260
23	Removal of wires	500	525	300	315
24	Removal of External fixtures	800	840	600	630
25	Application of Thomas splints	500	525	300	315
26	Application of Skin traction	1500	1,575	1000	1,050
27	Application of Skeletal Traction	800	840	600	630
28	Application of Dunlop Traction	800	840	600	630
29	Application of Arms lings	300	315	200	210
30	Elevation with Braun Splint	500	525	300	315
31	Application of Figure of eight	300	315	200	210
32	Removal of cast pop	600	630	400	420
33	Administration of Haematoma Block	300	315	200	210
34	Removal of Exofix	800	840	600	630
35	Removal of Steinman's Pins	400	420	300	315
36	Removal of Splints	500	525	400	420
37	Removal of Fiberglass	700	735	500	525
38	Removal of Hipspica	700	735	500	525
39	Reinforcement of cast	500	525	300	315

## 11. DENTAL DEPARTMENT

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
	<b>Per visit</b>		
C003	Hospital visit-day	2,500	2,000
C004	Hospital visit-night	2,500	2,000
<b>B</b>	<b>Radiology</b>		
RAD001	Occlusal views	1,000	800
RAD002	Left / Right Bitewing (LBW /RBW)	1,000	800
RAD003	Bilateral Bitewings (BBW)	2,000	1,500
RAD004	Intraoral Periapical (IOPA)	1,000	800
RAD005	Orthopantomogram ( OPG )	2,000	1,500
RAD006	CBCT	6,500	5,700
<b>C</b>	<b>ORAL SURGERY</b>		
<i>IMPORTANT NOTE: Complex Oral Surgery cases must be referred to Oral &amp; Maxillofacial Surgeon</i>			
MOS001	Extraction - Uncomplicated - Anteriors	2,000	1,500
MOS002	Extraction - Uncomplicated - Posteriors - Molars	2,500	2,000
MOS003	Extraction - Complicated/Surgical	6,500	4,500
MOS004	Disimpaction (Surgical Odontectomy )	9,700	6,700
MOS005	Management of Alveolar Osteitis (Dry Socket)	2,600	1,800
MOS006	Dentoalveolar Debridement	6,500	4,500
MOS007	Incision & Drainage	7,800	5,400
MOS008	Dentoalveolar Splinting	6,500	5,000
MOS009	Soft Tissue Management	10,400	7,200
MOS010	Removal of Sutures & Post Operative Review	2,000	1,300
MOS011	Maxillo - Mandibular Fixation	32,500	22,700
MOS012	Incisional Biopsy Under L.A.	5,200	3,600
MOS013	Excisional Biopsy Under L.A.	8,400	5,900
MOS014	Operculectomy	3,900	2,700
MOS015	Cyst Enucleation under L.A.	7,800	5,400
MOS016	Surgical exposure of teeth	7,000	5,000
MOS017	Alveoloplasty	26,000	18,000
MOS018	Frenectomy	6,500	4,500
MOS019	Cheiloplasty	7,000	5,000
MOS020	Vestibuloplasty	7,000	5,000
MOS021	Suturing minor	5,000	3,500
MOS022	Suturing major	7,000	5,000
MOS023	Removal of wires	2,000	1,300
MOS024	Intralesional drug injection (excludes cost of the injection agent)	1,800	1,200
MOS025	Wound dressing	1,800	1,200

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
<b>D</b>	<b>RESTORATIVE DENTISTRY</b>		
	<i>Restorations/Fillings</i>		
RES001	Amalgam – one surface	3,900	1,500
RES002	Amalgam – two surfaces	4,500	1,500
RES003	Amalgam three surfaces	4,500	1,500
RES004	Complex multisurface Amalgam Filling (More than 3 surfaces)	4,500	1,800
RES005	Composite / Tooth coloured Filling (one surface)	5,200	2,000
RES006	Composite / Tooth coloured Filling (two surfaces)	5,200	2,000
RES007	Composite / Tooth coloured Filling (three surfaces)	5,200	2,000
RES008	Complex multisurface Tooth coloured Filling (More than 3 surfaces)	5,200	2,200
RES009	Temporary / Provisional filling	2,600	800
RES010	Fissure sealant - per tooth	3,900	500
RES011	Preventive Resin Restorations (PRR)	5,200	1,000
RES012	Metalic Post (each)	4,500	1,000
RES013	Fibre Post	7,800	2,000
RES014	Cast Post	9,700	2,500
RES015	Tooth Whitening / Bleaching per Arch (Take Home Bleach excluding the gel)	15,600	5,000
RES016	Chairside Tooth Whitening (Power Bleaching / Zoom Bleaching)	26,000	10,000
RES017	Microabrasion (per tooth)	6,500	2,000
<b>E</b>	<b>ENDODONTICS (ROOT CANAL TREATMENT)</b>		
	<i>Charges Do not include Cost of Filling (Restoration) or Crown post Endodontic Treatment</i>		
END001	Pulputomy (adult)	9,100	2,000
	<b>Root Canal Treatment</b>		
END002	a) Anterior tooth	13,000	3,000
END003	b) Premolars	14,500	3,500
END004	c) Molars	16,000	5,000
END005	d) Accessory or extra canals (each)	6,500	1,000
END006	e) Retreatment of a previously root treated tooth (Additional charge to the basic cost of rct)	15,600	4,000
END007	f) Access through crowns (Additional Charge)	7,800	1,500
END008	Bleaching Non-vital (per tooth/Per session)	6,500	800

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
END009	Apico-ectomy (anterior teeth - (using MTA) excluding cost of restoration	10,400	2,000
END010	Apico-ectomy (Posterior teeth - (using MTA) excluding cost of restoration	26,000	4,000
END011	Hemisection/Root amputation (Exclude cost of RCT)	19,500	4,000
END012	Root submersion	9,750	3,000
END013	Repair of Perforation (using MTA) non-surgical	13,000	1,500
END014	Repair of Perforation (using MTA) Surgical	19,500	2,000
END015	Pulp Revascularization	26,000	4,000
END016	Removal of separated/Fractured Instruments plus RCC	19,500	4,000
END017	Transplantation/Re-Implantation	26,000	3,000
END018	Apexification (using MTA)	19,500	5,000
END019	Apexification (using Calcium Hydroxide)	13,000	3,000
END020	Apexogenesis	13,000	3,000
END021	Endodontic Implants	32,500	5,000
END022	Vital Pulp Therapy (using Calcim Hydroxide)	6,500	3,000
<b>F</b>	<b>PERIODONTICS</b>		
	<i>General Periodontics</i>		
PERI001	Full mouth scaling	7,000	5,000
PERI002	Prophylaxis	5,000	3,000
PERI003	Polishing and Extrinsic stain removal	4,500	2,500
PERI004	Management of Dentine Hypersensitivity Per Visit (minus cost of desensitizing agent)	5,500	3,500
PERI005	Root planing	14,000	12,000
PERI006	Periodontal splinting	12,000	10,000
PERI007	Resin composite/wire splint (per sextant)	12,000	10,000
PERI008	Reinforced fiber splint (excludes cost of splint material)	12,000	10,000
	<i>Periodontal Surgery</i>		
PERI009	Open flap debridement (1 to 3 contiguous teeth)	14,500	12,500
PERI010	Root coverage surgery using Xenografts/Allografts (excludes cost of graft)	17,000	15,000
PERI011	Root coverage surgery using autograft	22,000	20,000
PERI012	Frenectomy	7,000	5,000
PERI013	Crown lengthening (1 to 3 contiguous teeth)	17,000	15,000
PERI014	Gingivectomy/Gingivoplasty (1 to 3 contiguous teeth)	17,000	15,000
PERI015	Vestibuloplasty	22,000	20,000



#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
PERI016	Guided bone/tissue regeneration per site (excluding cost of graft material)	27,000	25,000
PERI017	Alveoloplasty	22,000	20,000
PERI018	Socket preservation per extraction site (excluding cost of graft material)	4,000	2,000
	<b><i>Surgical Phase of Oral Implantology</i></b>		
	<i>Excluding Costs of Healing Abutments &amp; Provisional prosthesis /restorations.</i>		
PERI020	Development of implant therapy treatment plan (excluding cost of radiological examination)	3,000	1,000
PERI021	Single implant placement (excluding cost of implant fixture)	22,000	20,000
PERI022	Subsequent 2nd implant placement (excluding cost of implant fixture)	17,000	15,000
PERI023	Subsequent 3rd implant placement (excluding cost of fixture)	12,000	10,000
PERI024	Implant exposure (excluding cost of healing abutment)	12,000	10,000
PERI025	Removal of failed implant	27,000	25,000
PERI026	Scaling of implant fixture (excluding cost of general scaling)	7,000	5,000
PERI027	Supportive periodontal therapy	7,000	5,000
PERI028	Periodontics Operculectomy	12,000	10,000
PERI029	Supportive periodontal therapy	4,000	2,000
<b>G</b>	<b>PROSTHODONTICS</b>		
	<b>Fixed prosthodontics</b>		
PROS001	Diagnostic cast / Study Models	2,600	1,800
PROS002	Wax up per unit	2,600	1,800
PROS003	Prefabricated post & core	13,000	9,100
PROS004	Cast post and core ( excluding cost of gold) Crowns	13,000	9,100
PROS005	Temporary crown per unit	13,000	9,100
PROS006	Metal ceramic Crown	26,000	10,000
PROS007	Ceramic / Zirconia / Emax Crown	29,200	20,400
PROS008	Full gold crown	78,000	54,600
PROS009	Implant retained crown per unit (excluding cost of components)	26,000	18,200
PROS010	Fixed Definitive Bridge (Charges are per Unit)	26,000	18,200
PROS011	Composite (per unit)	19,500	13,600

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
PROS012	Porcelain/Ceramic Fused to Metal (per unit)	26,000	18,200
PROS013	Recementation of crown or bridge per unit	6,500	4,500
PROS014	Removal of crown /bridge per unit	6,500	4,500
	<b><i>Veneers per unit:</i></b>		
PROS015	Direct composite Veneers	6,500	4,500
PROS016	Indirect Composite Veneers	16,250	11,300
PROS017	Ceramic / Porcelain Veneers	19,500	13,600
PROS018	Inlays /onlays (excluding cost of alloy)	19,500	13,600
PROS019	Repair of fractured procelain	13,000	9,100
	<b><i>Prosthodontic Phase of Oral Implantology</i></b>		
PROS020	Temporary implant restoration (excluding cost of components)	19,500	13,600
PROS021	Definitive implant retained restoration - crown or bridge (excluding cost of components)	26,000	18,200
	<b><i>Removable prosthodontics</i></b>		
PROS022	Complete upper and lower denture	20,000	15,000
PROS023	Single complete denture Acrylic Removable Partial Dentures	10,000	7,500
PROS024	Acrylic Removable Partial Denture 1 -3 teeth	6,500	5,000
PROS025	Acrylic Removable Partial Denture 4-6 teeth	11,500	8,000
PROS026	Acrylic Removable Partial Denture 7 or more	13,000	10,000
PROS027	Repair of broken acrylic denture: without impression	2,000	1,000
PROS028	Repair of broken acrylic denture: with impression	2,500	1,200
PROS029	Cobalt chrome Removable Partial Denture (per arch, inclusive of teeth)	19,000	15,000
PROS030	Repair of cobalt chrome RPD	2,500	2,000
PROS031	Addition of a tooth on denture	2,400	2,000
PROS032	Soft/Hard reline	7,500	6,000
PROS033	Michigan splint	7,000	6,000
PROS034	Mouth guard	3,000	2,000
	<b><i>Maxillofacial prosthodontics</i></b>		
PROS035	Obturator with acrylic base	8,000	6,000
PROS036	Obturator with cobalt chrome base	10,000	7,000
PROS037	Facial prothesis	13,000	10,000
PROS038	Activation of prosthesis	1,500	1,000
<b>H</b>	<b>PAEDIATRIC DENTISTRY</b>		
PAED001	Fissure sealant - per tooth	3,900	2,700
PAED002	Fluoride varnish application	7,800	5,500
PAED003	Preventive resin restoration	5,200	3,600

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
PAED004	Pulpotomy	9,100	6,300
PAED005	Pulpectomy	11,000	7,700
PAED006	Uncomplicated dental extraction	2,000	1,400
PAED007	Stainless steel crown	9,100	6,300
PAED008	Prophylaxis/polishing	4,000	3,000
PAED010	Minor oral surgery e.g Biopsies, Frenectomies,	8,000	4,000
PAED012	Apexification, apexogenesis (endodontic fees as per Root canal treatment charges)	13,000	9,100
PAED013	Study models	2,600	1,800
<b>I</b>	<b>ORTHODONTICS</b>		
	<i>Diagnosis + treatment planning</i>		
ORTH001	Orthodontic Study models	1,000	500
ORTH002	Extraoral & Intraoral Photographs	2,000	200
ORTH003	Diagnosis + treatment planning	2,500	300
ORTH004	Orthodontic diagnostic setup	2,000	500
ORTH005	Treatment planning for orthognathic Surgery	2,500	1,000
	<i>Comprehensive Fixed Orthodontic Treatment</i>		
ORTH006	Single arch Orthodontics - Mild & Moderate Malocclusion	50,000	30,000
ORTH007	Class I Malocclusion - Mild & Moderate	100,000	60,000
ORTH008	Class I Malocclusion - Severe	100,000	60,000
ORTH009	Class I Malocclusion - Severe + Complications	120,000	60,000
ORTH010	Class II + III - Mild	120,000	60,000
ORTH011	Class II + III - Moderate	120,000	60,000
ORTH012	Class II + III - Severe	120,000	60,000
ORTH013	Class II + III - Severe + Complications	120,000	60,000
ORTH014	Re-bonding of brackets/attachments/bands	500	300
ORTH015	Implant- aided orthodontics (TADs Temporary Achorage Devices) - per implant	8,000	5,000
ORTH016	Sectional Fixed Appliance per arch/ 4x2 appliance	30,000	15,000
	<i>Lingual Orthodontics</i>		
ORTH017	Single arch - Mild & Moderate	75,000	50,000
ORTH018	Single arch - severe	90,000	75,000
ORTH019	Class I Malocclusion - Mild & Moderate	120,000	75,000
ORTH020	Class I Malocclusion - Severe	120,000	75,000
ORTH021	Class I Maloccl. - Severe + Complications	120,000	75,000
ORTH022	Class II + III - mild	120,000	75,000
ORTH023	Class II + III - moderate	125,000	75,000

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
ORTH024	Class II + III - severe	125,000	75,000
ORTH025	Class II + III - severe +complications	180,000	125,000
	<b>Interceptive Orthodontics</b>		
ORTH026	First Removable appliance per arch	7,000	5,000
ORTH027	Fixed Interceptive Orthodontics Appliance	12,000	5,000
ORTH028	Subsequent Removable appliance	7,000	5,000
ORTH029	Removable Habit Breaker	7,000	5,000
ORTH030	Fixed Habit breaker	10,000	5,000
ORTH031	Fixed Space Maintainer per arch	10,000	5,000
	<b>Retentive Phase of Orthodontics</b>		
ORTH032	Removable retainer per arch	5,000	3,000
ORTH033	Fixed retainer per arch	8,000	4,000
	<b><i>Correction of Dentofacial Anomalies</i></b>		
ORTH034	Functional appliance	25,000	10,000
ORTH035	Bite plate for TMJ dysfunction	7,000	5,000
ORTH036	Major occlusal adjustment	8,000	5,000
ORTH037	Minor occlusal adjustment	5,000	2,500
ORTH038	Passive presurgical protheses	8,000	5,000
ORTH039	Active Presurgical Orthopaedic Appliance	30,000	15,000
ORTH040	Activation of appliance	2,000	500
<b>K</b>	<b>DENTAL TREATMENT UNDER CONSCIOUS SEDATION</b>		
DCONSE D01	Children	40,000	25,000
DCONSE D02	Adults	40,000	25,000
<b>J</b>	<b>DENTAL TREATMENT UNDER GENERAL ANAESTHESIA</b>		
DGA001	Children : Multiple fillings (Full Mouth Restorations - FMR) & or Extractions	120,000	120,000
DGA002	Adults : Multiple fillings /extractions	120,000	120,000
	<b>Maxillofacial surgery</b>		
DGA001	Children : Multiple fillings (Full Mouth Restorations - FMR) & or Extractions	120,000	120,000
DGA002	Adults : Multiple fillings /extractions	120,000	120,000
	<b>Maxillofacial surgery</b>		

#	SERVICES	Corporate (Kshs.)	Cash Payer (Kshs.)
		PROPOSED	PROPOSED
DGA003	ORIF single bones (single bones, mandible, maxilla, zygoma, frontal, NOE)	220,000	220,000
DGA004	ORIF multiple panfacial fractures (complex)	392,000	392,000
DGA005	open reduction zygoma fracture	220,000	220,000
DGA006	MMF under GA	150,000	150,000
DGA007	Splinting of fractures/ teeth	120,000	120,000
DGA008	Wire osteosynthesis mandible fractures	150,000	150,000
DGA009	Removal of implants(hardware)	130,000	130,000
DGA010	Soft tissue reconstruction(major under GA)	150,000	150,000
DGA011	Incision and drainage	100,000	100,000
DGA012	Surgical debridement	120,000	120,000
DGA013	Removal foreign body	120,000	120,000
DGA014	Surgical disimpaction	100,000	100,000
DGA015	Mandibulectomy and reconstruction	300,000	300,000
DGA016	Maxillectomy	300,000	300,000
DGA017	Resection of tumours (major) salivary gland, glossectomy, and reconstruction with flaps	350,000	350,000
DGA018	Excision tumours (minor) biopsies	120,000	120,000
DGA019	Neck dissection	280,000	280,000
DGA021	Enucleation odontogenic cysts	150,000	150,000
DGA022	Marsupialization odontogenic cysts	150,000	150,000
DGA023	Vestibuloplasty under GA	160,000	160,000
DGA024	TMJ reduction (closed)	90,000	90,000
DGA025	TMJ reduction (open)	130,000	130,000
DGA026	Emminectomy	220,000	220,000
DGA027	TMJ condylectomy/ arthroplasty	336,000	336,000
DGA028	TMJ condylectomy with costochondral graft	392,000	392,000
DGA029	TMJ disc repositioning	250,000	250,000
DGA030	Bone graft ; iliac, rib, fibula	250,000	250,000
DGA031	Excision sialolith, ranula	150,000	150,000
DGA032	Cleft lip and palate repair	150,000	150,000
DGA033	Alveolar bone graft	180,000	180,000
DGA034	Bone harvesting for dental implant surgery or facial repair of defects	200,000	200,000
DGA035	Oro-antral fistula repair	168,000	168,000

## 12. DEPARTMENT OF PUBLIC HEALTH

#	Services	Corporate (Kshs.)		Cash Payers (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	-	300	-	200
4	Public Health Professional Fee	-	1,500	-	300
5	Public Health Service Fee(Inpatient & Mortuary)	-	500	-	300
6	De-Jiggering Procedure	-	1,000	-	500
7	Incineration For Medical Wastes			140	140
8	Incineration For Expired Drugs And Other Special Wastes			140	180
9	Transportation Of Medical Wastes(Per Hour)			3,000	3,500
10	Fumigation Services			-	5,000
11	Pest Control			-	5,000

## 13. 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

#### 14. 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

<b>SERVICES</b>	<b>Corporate (Kshs.)</b>		<b>Cash Payer (Kshs.)</b>	
	<b>CURRENT</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>
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

#### 15. FAREWELL HOME SERVICES

<b>SERVICES</b>	<b>Corporate (Kshs.)</b>		<b>Cash Payer (Kshs.)</b>	
	<b>CURRENT</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>
<b>ADULT</b>				
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 Firsr 7 Days	9500	12,350	7,300	12,350
<b>INFANTS – FROM 2 MONTHS UPTO 2 YEARS</b>				
Embalming	910	1,500	700	1,500
Post Mortem Fee (Booked)	10400	13,520	8,000	13,520



SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
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
<b>GENERAL CHARGES</b>				
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
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

SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
	CURRENT	PROPOSED	CURRENT	PROPOSED
Special Wing Mortuary Sheet( Wrapped On The Body)	1300	1,700	1,000	1,700
Viewing	390	500	300	500

## 16. 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
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.

#	SERVICES	Corporate (Kshs.)		Cash Payer (Kshs.)	
		CURRENT	PROPOSED	CURRENT	PROPOSED
		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

#### 17. 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

## 18. SURGERIES AND PROCEDURES

GUIDELINES FOR OPERATIONS AND PROCEDURES IN PRIVATE WINGS			
1	THEATRE CHARGES	CURRENT	PROPOSED
2	THEATRE CHARGES UNDER GA/SPINAL ANAESTHESIA (FIRST 1 HOUR)	15,000	20,000
3	CASH PAYER	15,000	20,000
4	SUBSEQUENT ½ HOUR AFTER THE FIRST HOUR WILL BE CHARGED	3,500 – (PER HOUR UP TO A MAXIMUM OF 8 HOURS)	5,000
5	ANAESTHETIST	40 SURGEONS FEE	40 SURGEONS FEE
6	ANAESTHESIOLOGIST	50% OF SURGEON'S FEE	50% OF SURGEON'S FEE
7	OPERATIONS LASTING LESS THAN ½ HOUR	CHARGE 8,500 AS THEATRE FEE	12,500
8	THEATRE PROCEDURES DONE UNDER LOCAL ANAESTHESIA	2,500 (FOR THEATRE)	6,500
9	SCRUB NURSE FEES	10% OF SURGEONS FEE	20%
10	ASSISTANT SURGEON (BY MEDICAL OFFICER/RESIDENT)	10% OF SURGEONS FEE	10% OF SURGEONS FEE
11	JOINT OPERATION – MULTI SPECIALIST	BOTH SPECIALISTS TO BE CHARGED SEPARATELY	BOTH SPECIALISTS TO BE CHARGED SEPARATELY
12	JOINT OPERATION (SAME SPECIALITY) – WITH ONE AS AN ASSISTANT	PRINCIPAL FULL COST, ASSISTANT 50 OF PRINCIPAL'S	PRINCIPAL FULL COST, ASSISTANT 50 OF PRINCIPAL'S
13	ONE SPECIALIST DIFFERENT PROCEDURES	1 <sup>ST</sup> PROCEDURE FULL COST, 2 <sup>ND</sup> 50%	1 <sup>ST</sup> PROCEDURE FULL COST, 2 <sup>ND</sup> 50%

		OF COST, 3 <sup>RD</sup> 25% OF COST.	OF COST, 3 <sup>RD</sup> 25% OF COST.
14	SURGERY DONE BY RESIDENT MEDICAL OFFICER OR SPECIALIST CLINICAL OFFICER	CHARGE 70% OF THE COSULTANT'S FEES	CHARGE 70% OF THE COSULTANT'S FEES
15	PHARMACEUTICALS	MARK UP OF 25 % OF THE COST OF PROCUREMENT	MARK UP OF 35 % OF THE COST OF PROCUREMENT
16	MEDICAL SUPPLIES		MARK UP OF 35 % OF THE COST OF PROCUREMENT