

	Common	Economy	Twin	Special	Deluxe	Super Deluxe	Ex. Suite
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PERM CATH/ PICC LINE

Advance Deposit	31,500	42,000	63,000	1,31,300	1,47,000	1,73,300	2,31,000
Cath Lab Hospital Charge	10,050	14,850	26,600	51,300	57,500	79,600	95,250
Doctor's Fees (Standard Recommended Charges)	10,350	16,500	26,700	54,600	61,450	83,600	99,350

PERCUTANEOUS SCLEROTHERAPY / CAROTID STENTING

Advance Deposit	57,800	89,300	1,73,300	3,67,500	4,04,300	5,25,000	6,30,000
Cath Lab Hospital Charge	17,950	22,100	40,750	1,00,200	1,15,150	1,52,300	1,91,250
Doctor's Fees (Standard Recommended Charges)	33,000	50,950	1,12,900	2,22,000	2,49,400	3,13,850	3,73,950

VENOPLASTY/ SUCTION - THROMBECTOMY WITH THROMBOLYS

Advance Deposit	94,500	1,41,800	2,88,800	5,25,000	6,09,000	7,77,000	9,45,000
Cath Lab Hospital Charge	26,950	33,150	61,100	1,50,350	1,72,650	2,28,300	2,86,700
Doctor's Fees (Standard Recommended Charges)	49,850	76,700	1,68,950	3,32,650	3,73,950	4,70,950	5,60,700

EMBOLISATION/THROMBOLYSIS/BILIARY STENTING

Advance Deposit	68,300	1,05,000	1,73,300	4,35,800	4,93,500	5,98,500	7,24,500
Cath Lab Hospital Charge	17,950	22,100	40,750	1,00,200	1,15,150	1,52,300	1,91,250
Doctor's Fees (Standard Recommended Charges)	33,000	50,950	1,12,900	2,60,650	2,97,400	3,78,000	4,49,950

LASER EMBOLISATION FOR VARICOSE VEIN

Advance Deposit	94,500	1,41,800	2,88,800	5,25,000	5,98,500	7,77,000	9,45,000
Cath Lab Hospital Charge	26,950	33,150	61,100	1,50,350	1,72,650	2,28,300	2,86,950
Doctor's Fees (Standard Recommended Charges)	49,850	76,700	1,68,950	3,32,650	3,73,950	4,70,950	5,60,700

PERICARDIOCENTESIS

Advance Deposit	42,000	57,800	89,300	1,99,500	2,31,000	3,15,000	3,78,000
Cath Lab Hospital Charge	8,300	12,450	21,200	46,850	53,150	74,300	85,000
Doctor's Fees (Standard Recommended Charges)	25,100	37,650	53,700	1,17,850	1,34,000	1,87,650	2,14,100

SNRT

Advance Deposit	12,600	15,800	18,900	31,500	42,000	57,800	89,300
Cath Lab Hospital Charge	4,050	4,050	6,900	10,600	11,650	13,800	16,100
Doctor's Fees (Standard Recommended Charges)	2,000	3,100	4,200	7,800	8,750	10,750	12,850

BALLOON DILATATION / BALLOON PLASTY

Advance Deposit	57,800	89,300	1,73,300	3,78,000	4,35,800	5,25,000	6,30,000
Cath Lab Hospital Charge	17,950	22,100	40,750	1,00,200	1,15,150	1,52,300	1,91,250
Doctor's Fees (Standard Recommended Charges)	29,400	45,550	92,550	2,06,850	2,32,900	2,92,550	3,49,250

NEURO EMBOLISATION/STROKE

Advance Deposit	1,15,500	1,47,000	2,88,800	5,51,300	6,30,000	8,08,500	9,81,800
Cath Lab Hospital Charge	26,950	33,150	61,100	1,50,350	1,72,650	2,28,300	2,86,700
Doctor's Fees (Standard Recommended Charges)	49,850	76,700	1,68,950	3,32,650	3,73,950	4,70,950	5,60,700

ON TABLE FENSTRATED GRAFT - ALL

Advance Deposit	2,88,800	4,04,300	6,30,000	8,66,300	9,55,500	10,39,500	12,60,000
Cath Lab Hospital Charge	60,050	89,050	1,91,250	2,52,800	2,68,200	3,05,350	3,45,150
Doctor's Fees (Standard Recommended Charges)	1,51,250	2,10,250	3,54,500	4,95,950	5,31,300	5,94,650	7,81,000

	Common	Economy	Twin	Special	Deluxe	Super Deluxe	Ex. Suite
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COMPLEX NEURO INTERVENTION

Advance Deposit	2,88,800	4,04,300	6,30,000	8,66,300	9,55,500	10,39,500	12,60,000
Cath Lab Hospital Charge	60,050	89,050	1,91,250	2,52,800	2,68,200	3,05,350	3,45,150
Doctor's Fees (Standard Recommended Charges)	1,51,250	2,10,250	3,54,500	4,95,950	5,31,300	5,94,650	7,81,000

COMPLEX GRAFT STENT IMPLANTATION CGSI/ INTRACR

Advance Deposit	2,31,000	3,46,500	5,25,000	6,30,000	7,50,800	8,08,500	9,55,500
Cath Lab Hospital Charge	40,050	59,350	1,27,450	1,68,500	1,78,750	2,03,550	2,30,150
Doctor's Fees (Standard Recommended Charges)	1,10,000	1,55,350	2,54,850	3,57,850	3,83,250	4,30,850	5,59,150
Anaesthetist Fees (GA/RA/IVS)	17,050	23,200	38,150	53,150	56,950	63,350	84,500

Please Note :

- 1) Materials / Pharmacy Charges : All materials and pharmacy items used for Cathlab Procedures will be billed at actuals.
- 2) Anaesthetist / Intensivist Charges : If Standby Anaesthetist / Intensivist or Standby Surgeon is required their professional fees will be charged separately.
- 3) Emergency Charges : The Cath Lab functions between 9 am - 5 pm on all working days (Mon. - Sat.). However, for the benefit of patients certain cases are scheduled/ performed outside working hours subject to payment of the following emergency charges
Cath Lab Hospital Charge - Emergency Hours @1.5 times the standard cath lab charge will be levied in the following instances
 - If the Cath Lab has been closed and is being re-opened for performing the case.
 - When an unscheduled case is accommodated during regular working hours despite non-availability of any vacant slot
 - Cases performed on Sundays/ Public Holidays.

- Tariff given are effective from 10th June 2025.
- Mode of Payment accepted: Cash / Card / Pay Order / Demand Draft / RTGS / NEFT / IMPS.
- Refunds for excess amount if any will be refunded by crossed CHEQUE/RTGS/NEFT.
- All rates are subject to revision without prior notice.
- In case preferred class is not available, patient will be admitted in available class and charged as per allotted class.
- If daycare patient requires Indoor admission, the minimum class applicable would be Twin sharing.
- Reservation deposit paid for operation theatre in advance is only for blocking the theatre and not for reserving the bed, admission is subject to availability of beds. RESERVATION DEPOSIT IS NOT REFUNDABLE.
- **Surcharge @ 30% will be applicable to Foreign Nationals, NRIs, PIO and OCI Patients.**
- All Foreign National / NRI / PIO and OCI patients are requested to submit copy of **Patients Passport, Visa / PIO and OCI** before admission.
- Minimum class permissible for Foreign National / NR / PIO / and OCI patient is Twin Sharing
- Upgradation from lower class to higher class, all charges of the higher class applicable from the date of admission.
- Emergency charges will be applicable as per hospital policy for cases done on Sundays / Public Holidays / after standard working hours / when an unscheduled case is accommodated during regular working hours despite non-availability of any vacant slot.
- **PAN CARD** copy of patient must be submitted to Billing Department for billed amount of Rs. 200000/- and above w.e.f. January 2016. If patient does not have **PAN CARD** then **FORM No.60** has to be filled by patient / next of kin and copy of proof of identity and residence has to be attached.
- As per section 265T in the income tax act, no person shall receive / accept an amount of Rs. 2,00,000/- or more in cash. The hospital will not accept above Rs. 1,95,000/- per patient in cash.
- For further assistance please contact Billing Dept. on Ext. 1585/1586/1591/1592/1594

We wish you a Speedy recovery

(Applicable to Self Paying Patients Only)

TARIFFS FOR

CARDIAC CATHLAB PROCEDURES



NABH Accredited Health Care Provider

Lilavati Hospital and Research Centre

A-791, Bandra Reclamation, Bandra (West), Mumbai - 400 050
Tel : +91 22 6930 1000 / 6931 8000 / Extn : 1585 / 1586 / 1591 / 1592 / 1594.
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More than Healthcare, Human Care

	Common	Economy	Twin	Special	Deluxe	Super Deluxe	Ex. Suite
ANGIOGRAPHY							
CORONARY ANGIOGRAPHY (CAG)							
Advance Deposit	NA	NA	52,500	89,300	94,500	1,31,300	1,62,800
Cath Lab Hospital Charge	NA	NA	31,650	39,950	41,900	58,000	69,250
Doctor's Fees (Standard Recommended Charges)	NA	NA	15,550	37,700	43,200	53,550	64,200
1) Accommodation (i.e.bed charges) will be billed on a per day basis according to the class allotted to the patient. Angiography patients generally need to stay in the hospital for upto one day in the Day Care or in a ward.							
2) If a Standby Surgeon and/ or a Standby Anaesthetist/ Intensivist is required, their professional fees will be charged extra.							
3) Investigations, Medicines and Doctors' Visit Fees will be billed on actual basis.							
4) All patients scheduled for CAG should complete their HIV, HCV and HBsAg (Australia Antigen) tests before they are taken into the Cathlab							
DOCTOR'S FEES FOR (NON PACKAGE PROCEDURES) TWIN SHARING AND ABOVE CLASSES ARE AS AGREED BETWEEN THE SURGEON & PATIENT RELATIVE.							
PLEASE CONSULT YOUR DOCTOR BEFORE THE CATHLAB PROCEDURE REGARDING THEIR OPERATING FEES FOR THESE CLASSES.							
PERIPHERAL ANGIOGRAPHY							
Advance Deposit	32,600	42,000	63,000	89,300	99,800	1,31,300	1,73,300
Cath Lab Hospital Charge	8,050	11,850	21,200	41,100	46,000	63,750	76,250
Doctor's Fees (Standard Recommended Charges)	8,150	13,200	21,450	43,600	49,150	66,900	79,700
NEURO ANGIOGRAPHY							
Advance Deposit	36,800	42,000	63,000	89,300	99,800	1,31,300	1,73,300
Cath Lab Hospital Charge	10,050	14,850	26,600	51,300	57,500	79,600	95,250
Doctor's Fees (Standard Recommended Charges)	10,350	16,500	26,700	54,600	61,450	83,600	99,350
ANGIOGRAPHY WITH INTRA VASCULAR ULTRASOUND (IVUS)							
Advance Deposit	1,15,500	1,47,000	1,73,300	2,04,800	2,31,000	2,88,800	3,46,500
Cath Lab Hospital Charge	23,500	26,250	35,350	45,350	47,850	65,450	79,600
Doctor's Fees (Standard Recommended Charges)	16,100	17,600	25,350	53,050	60,200	70,800	86,350
INTRA VESALULTRASOUND (IVUS)							
Advance Deposit	23,100	32,600	47,300	1,05,000	1,15,500	1,47,000	1,73,300
Cath Lab Hospital Charge	8,050	11,850	21,200	41,100	46,000	63,750	76,250
Doctor's Fees (Standard Recommended Charges)	8,150	13,200	21,450	43,600	49,150	66,900	79,700
ANGIOPLASTY							
CORONARY ANGIOPLASTY (PTCA.)							
Advance Deposit	NA	NA	4,75,000	5,00,000	5,25,000	6,09,000	7,50,800
Cath Lab Hospital Charge	NA	NA	98,700	1,07,550	1,09,850	1,45,400	1,82,550
Doctor's Fees (Standard Recommended Charges)	NA	NA	1,43,150	2,50,350	2,81,400	3,76,750	4,63,800
COMPLEX ANGIOPLASTY							
Advance Deposit	NA	NA	5,25,000	5,51,300	5,77,500	6,93,000	8,08,500
Cath Lab Hospital Charge	NA	NA	1,25,500	1,43,100	1,47,550	1,77,000	2,06,550
Doctor's Fees (Standard Recommended Charges)	NA	NA	1,55,400	2,67,150	3,00,750	4,02,700	4,96,150
CORONARY ANGIOGRAPHY + ANGIOPLASTY							
Advance Deposit	NA	NA	5,25,000	5,51,300	6,19,500	7,45,500	9,13,500
Cath Lab Hospital Charge	NA	NA	1,38,000	1,56,550	1,61,000	2,15,900	2,67,300
Doctor's Fees (Standard Recommended Charges)	NA	NA	1,58,700	2,87,600	3,24,050	4,28,550	5,28,600

	Common	Economy	Twin	Special	Deluxe	Super Deluxe	Ex. Suite
CORONARY ANGIOGRAPHY + COMPLEX ANGIOPLASTY							
Advance Deposit	NA	NA	5,77,500	6,40,500	6,72,000	8,29,500	9,71,300
Cath Lab Hospital Charge	NA	NA	1,60,100	1,80,000	1,93,450	2,40,850	2,82,700
Doctor's Fees (Standard Recommended Charges)	NA	NA	1,81,050	3,43,150	3,54,600	4,62,000	5,66,400
1) Please inquire with your Doctor before the procedure is performed regarding the requirement and cost of stent and balloon as these are expensive items.							
2) Investigations, Medicines and Doctors' Visit Fees will be billed on actual basis. All patients scheduled for PTCA are required to undergo HIV, HCV and HBsAg (Australia Antigen) before they are taken into the Cath Lab.							
3) If the patient needs to undergo a second session of PTCA, following charges will be levied.							
2ND SESSION - CORONARY ANGIOPLASTY							
Advance Deposit	2,10,000	2,20,500	2,83,500	3,25,500	3,78,000	4,30,500	5,25,000
Cath Lab Hospital Charge	17,950	22,100	33,700	40,750	42,550	47,850	53,150
Doctor's Fees (Standard Recommended Charges)	15,300	23,650	31,650	55,450	61,250	75,200	88,750
PERIPHERAL ANGIOPLASTY							
Advance Deposit	2,33,100	2,88,800	3,46,500	4,09,500	4,72,500	5,77,500	6,93,000
Cath Lab Hospital Charge	17,950	22,100	40,750	1,00,200	1,15,150	1,52,300	1,91,250
Doctor's Fees (Standard Recommended Charges)	33,000	50,950	1,12,900	2,22,000	2,49,400	3,13,850	3,73,950
MUTLI VESSEL PERIPHERAL PLASTY							
Advance Deposit	3,46,500	4,09,500	4,93,500	5,51,300	5,77,500	7,24,500	8,66,300
Cath Lab Hospital Charge	31,400	38,650	71,200	1,75,400	2,01,400	2,66,500	3,34,650
Doctor's Fees (Standard Recommended Charges)	58,000	89,650	1,97,650	3,88,300	4,36,300	5,49,300	6,54,050
DEVICE CLOSURE PROCEDURE (ASD,VSD,PDA,COACTATION OF AORTA							
Advance Deposit	2,88,800	3,46,500	4,35,800	4,62,000	5,25,000	5,77,500	6,93,000
Cath Lab Hospital Charge	40,050	44,200	76,250	97,450	1,02,850	1,15,150	1,27,450
Doctor's Fees (Standard Recommended Charges)	1,03,550	1,34,900	1,79,450	2,57,900	2,77,450	3,19,850	3,63,850
MITRAL VALVULOPLASTY (PTMC)(PLAN A)							
Advance Deposit	84,000	94,500	1,26,000	1,70,100	1,83,800	1,99,500	2,10,000
Cath Lab Hospital Charge	81,450	91,100	1,29,300	1,80,250	1,93,000	2,07,000	2,19,550
Doctor's Fees (Standard Recommended Charges)	30,400	46,750	64,500	1,09,350	1,20,900	1,48,800	1,77,900
MITRAL / AORTIC VALVULOPLASTY (PTMC)(PLAN B)							
Advance Deposit	1,99,500	2,67,800	3,30,800	4,20,000	4,72,500	5,51,300	6,09,000
Cath Lab Hospital Charge	22,100	27,600	40,750	60,500	65,450	79,600	92,000
Doctor's Fees (Standard Recommended Charges)	52,700	78,900	1,10,700	1,62,550	1,75,800	2,23,150	2,70,200
All material and pharmacy items used in the Cath lab will be charged on actual basis.							
PERMANENT PACEMAKER IMPLANT (PPI)/ BI-VENTRICULAR PACEMAKER IMPLANTABLE - DEFIBRILATOR							
Advance Deposit	4,04,300	4,62,000	5,25,000	5,77,500	6,30,000	6,93,000	8,08,500
Cath Lab Hospital Charge	40,050	44,200	76,250	97,450	1,02,850	1,15,150	1,27,450
Doctor's Fees (Standard Recommended Charges)	49,850	77,450	1,28,550	2,06,250	2,25,750	2,81,550	3,36,000
PPI REMOVAL / REPOSITIONING.							
Advance Deposit	57,800	68,300	84,000	1,15,500	1,31,300	2,10,000	2,78,300
Cath Lab Hospital Charge	9,900	11,850	17,750	22,000	23,000	24,850	28,300
Doctor's Fees (Standard Recommended Charges)	13,450	17,300	28,800	43,300	46,850	58,000	71,300

	Common	Economy	Twin Daycare	Special	Deluxe	Super Deluxe	Ex. Suite
COMPLEX PACEMAKER (AICD/BI-VENT)							
Advance Deposit	4,72,500	5,25,000	5,77,500	6,30,000	6,93,000	7,50,800	8,66,300
Cath Lab Hospital Charge	40,050	44,200	76,250	97,450	1,02,850	1,15,150	1,27,450
Doctor's Fees (Standard Recommended Charges)	1,03,550	1,34,900	1,79,450	2,57,900	2,77,450	3,19,200	3,63,850
Anaesthetist Fees (GA/RA/IVS)	12,650	17,050	21,150	29,600	31,750	35,850	40,200
TAVR PROCEDURE							
Advance Deposit	4,25,000	4,50,000	4,72,500	6,30,000	6,93,000	9,24,000	11,55,000
Cath Lab Hospital Charge	1,49,500	1,49,500	1,91,750	2,50,700	2,64,500	3,05,350	3,45,150
Doctor's Fees (Standard Recommended Charges)	2,40,700	2,40,700	2,55,050	3,54,800	3,79,800	4,42,300	5,10,650
Note: Deposit Amount Of Rs. 20,00,000/- For Implant To Be Paid Before Admission.							
TEMPORARY PACEMAKER IMPLANT (TPI)							
Advance Deposit	18,900	23,100	34,700	47,300	68,300	1,05,000	1,41,800
Cath Lab Hospital Charge	4,050	4,050	6,900	10,600	11,650	19,250	21,850
Doctor's Fees (Standard Recommended Charges)	2,450	3,650	5,150	8,000	8,750	18,000	20,800
INTRA AORTIC BALLOON PUMP (IABP) PROCEDURE							
Advance Deposit	84,000	94,500	1,15,500	1,73,300	2,10,000	2,31,000	2,62,500
Cath Lab Hospital Charge	4,050	4,050	7,750	11,750	12,800	21,200	24,850
Doctor's Fees (Standard Recommended Charges)	3,850	6,200	8,750	10,400	10,750	15,050	20,800
EP / RF STUDY							
ELECTRO PHYSIOLOGICAL (EP) STUDY							
Advance Deposit	84,000	94,500	1,15,500	1,73,300	2,10,000	2,31,000	2,62,500
Cath Lab Hospital Charge	40,050	44,200	63,750	68,000	69,150	74,300	79,600
Doctor's Fees	19,500	23,800	53,550	79,800	86,450	96,950	1,07,250
RADIO FREQUENCY (RF) ABLATION							
Advance Deposit	1,41,800	1,68,000	2,20,500	2,62,500	2,88,800	3,78,000	4,04,300
Cath Lab Hospital Charge	73,150	81,450	1,11,550	1,41,350	1,48,700	1,61,000	1,73,450
Doctor's Fees (Standard Recommended Charges)	48,750	59,950	77,500	1,35,900	1,50,400	1,60,800	1,71,300
BILLARY DRAINAGE							
Advance Deposit	21,000	23,100	42,000	84,000	89,300	1,41,800	1,68,000
Cath Lab Hospital Charge	8,050	11,850	21,200	41,100	46,000	63,750	76,250
Doctor's Fees (Standard Recommended Charges)	8,150	13,200	21,450	47,600	54,200	66,900	79,700
ELECTRO PHYSIOLOGICAL STUDY WITH RF ABLATION							
Advance Deposit	2,20,500	2,62,500	3,51,800	4,20,000	4,72,500	6,30,000	6,93,000
Cath Lab Hospital Charge	80,050	89,700	1,27,450	1,58,600	1,66,450	1,91,250	2,42,450
Doctor's Fees (Standard Recommended Charges)	60,500	78,650	1,23,000	2,11,050	2,33,000	2,52,450	2,71,850
IVC FILTER							
Advance Deposit	89,300	1,41,800	1,73,300	2,31,000	2,88,800	3,46,500	4,04,300
Cath Lab Hospital Charge	16,600	19,350	30,050	66,950	76,250	1,02,850	1,27,450
Doctor's Fees (Standard Recommended Charges)	19,250	28,050	40,450	85,700	96,950	1,27,300	1,61,200
DURAL AV FISTULA EMBOLISATION / SPINAL AV FISTULA							
Advance Deposit	3,46,500	4,04,300	4,93,500	5,51,300	5,77,500	6,93,000	8,66,300
Cath Lab Hospital Charge	50,050	74,200	1,59,300	2,10,700	2,23,600	2,54,500	2,87,750
Doctor's Fees (Standard Recommended Charges)	1,26,200	1,75,250	2,95,400	4,13,200	4,42,600	4,95,300	6,50,900
Anaesthetist Fees (GA/RA/IVS)	21,350	29,000	47,650	66,450	71,100	79,200	1,05,600