	Common Economy	Twin	Special	Deluxe	Super	Ex. Suit
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COLOUR FUNDUS PHOTOGRAPHY

Procedure Charges	2,040	2,670	2,980	3,480	3,600	4,120	4,630
Doctor Fees	1,020	1,330	1,500	1,750	1,810	2,070	2,340

OPTICAL COHERENCE TOMOGRAPHY(OCT)

	1 /						
Procedure Charges	3,850	5,010	5,590	6,530	6,770	7,730	8,710
Doctor Fees	2,950	3,850	4,300	5,010	5,180	5,930	6,670

LASER BARRAGE

Procedure Charges	8,140	10,590	10,750	13,790	14,280	16,320	18,380
Doctor Fees	8,140	10,590	11,820	13,790	14,280	16,320	18,380

EXTENDED LASER BARRAGE

Procedure Charges	9.320	11,660	12.600	14.100	14.480	15.880	16.830
Doctor Fees		11,660	-		-		-

INTRAOCULAR AND PERIOCULAR STEROID INJECTION

Procedure Charges	4.080	5.310	5 930	6 920	7,170	8 100	0 230
Doctor Fees	4,080			6.920		8,190	

- 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.
- Incase 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 / POI / 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 26ST 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

CATARACT SURG ERY & OPHTHALMOLOGY





NABH Accredited Health Care Provider

Lilavati Hospital and Research Centre

A-791, Bandra Reclamation, Bandra (West), Mumbai - 400 050 Tel : +91 22 2675 1000 / 2656 8000 / Extn : 1585 / 1586 / 1591 / 1592 / 1594. Fax No : 2640 5119 W : www.lilavatihospital.com

More than Healthcare, Human Care

CATARACT SURGERY PACKAGE

SR	Name of Package	Lens and Consumables Description	HOSPITAL	PROFESSIAL	PACKAGE
NO.			CHARGES	CHARGES	AMOUNT
1	PLAN MULTIFOCAL TORIC	Multifocal Lens (Abbott Tecnis1 Aspheric), (Alcon Acrysof IQ Restore) or Trifocal Lens (Alcon Acrysof IQ Panoptix Toric) or EDOF TORIC Lens (Abbott Tecnis Symfony Toric IOL), Injection (Healon 0.55 + Viscoat 0.55) or Heal	94,600	85,400	180,000
2	PLAN TRIFOCAL	Trifocal Lens (Alcon Acrysof IQ Panoptix), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	87,700	69,300	157,000
3	PLAN - EDOF	EDOF Lens (Abbott Tecnis Symfony IOL), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	82,050	63,950	146,000
4	PLAN APODIZED MULTI FOCAL	Bifocal Restore Lens (Alcon Acrysof IQ) or (Abbot Tecnis1 Aspheric Multifocal), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	84,600	55,400	140,000
5	PLAN - TORIC	Monofocal Lens (Alcon Toric), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	58,750	53,250	112,000
6	PLAN A+	Monofocal Lens (Alcon Acrysof IQ) or (Abbot Tecnis1 Aspheric), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	43,650	37,350	81,000
7	PLAN A	Monofocal IOL Lens (Alcon acrysof Single Piece) or (Abbot Sensar) or (Hoya), Injection (Healon 0.55 + Viscoat 0.55) or Healon G V 0.85	41,300	26,700	68,000
8	PLAN B	Preloaded IOL Spheric Lens (Ryner RayOne), Injection Zyonate	33,050	22,950	56,000
9	PLAN C	Acrylic Foldable Lens (RYCF-SQ)	25,100	13,900	39,000

GUIDELINES FOR THE PACKAGE BILLING

- Plan must be selected at the time of consultation by completing a form provided at the opthalmic department. The
 Operating Surgeon will counter sign the form. Once a plan is selected it cannot be changed subsequently.
- In the event of any condition requiring the re-operation after Cataract Surgery, such as wound re-suturing, exterior chamber wash, etc., the patient will be charged at actuals as per the prevailing hospital tariffs for the respective grade of surgery.
- Rates mentioned above are applicable to a single eye.
- 4. Entire amount should be paid in advance before the patient is admitted.

DETAILS OF PACKAGE INCLUSIONS AND EXCLUSIONS

HOSPITAL CHARGE

- 1. Hospital Charge includes -
 - Operation Theatre and Hospital Anaesthesia Charges
 - Pharmacy and Materials generally required during the surgery (including the cost of one lens and one injection/visco-elastic).
 - Day Care bed charges for upto one day i.e Rs. 3250/-
 - Phacoimulsification
- Extra amount will be charged for -
 - Investigations and Procedures
 - Medicines or materials issued to the patient's room
 - Special consumables used during the surgery (Please consult with your operating surgeon for an estimate)
 - If more than one lens or injection is used during the surgery
 - charges will be extra for the additional lens or injection.
 - Accommodation for ward or ICU's on a per day basis as per the prevailing hospital tariff.

DOCTORS FEES

- Doctors Fee includes professional charges of the Surgeon and Anaesthetist. A fixed amount will be charged even
 if more than one Surgeon is present during the surgery.
- 2. Visit Fees will be charged extra for indoor patients. Visit fees are not chargeable to patients admitted in Day Care.

2) CATARACT SURGERY OPEN PLAN

- If the patient does not opt for a package scheme, then charges for Cataract Surgery will be billed as per tariffs for grade II surgery. Please refer the leaflet "Tariffs for Surgeries" or contact billing department for further details.
- Other charges will be billed on the basis of actuals.
- Choice of lens in the case of open plan will be agreed upon mutually between the patient and doctor prior to the Surgery.
- No Surcharge will be charged if the lens is procured through the hospital.

3) TARIFFS FOR OPHTHALMIC PROCEDURES

A - SCAN SONOGRAPHY	Common	Economy	Twin	Special	Deluxe	Super Deluxe	Ex. Suit
Procedure Charges	1,020	1,330	1,500	1,750	1,810	2,070	2,340
PACHYMETRY							
Procedure Charges	1,020	1,330	1,500	1,750	1,810	2,070	2,340
Doctor Fees	510	680	750	880	930	1,070	1,210
PERIMETRY							
Procedure Charges	2,900	3,790	4,220	4,930	5,100	5,840	6,570
Doctor Fees	1,020	1,330	1,500	1,750	1,810	2,070	2,340
FLUORESCEIN ANGIOGRAPHY							
Procedure Charges	3,660	4,760	5,320	6,200	6,420	7,350	8,280
Doctor Fees	2,960	3,860	4,310	5,030	5,220	5,970	6,730
Anaesthetist-Fees	510	680	750	880	930	1,070	1,210
EYE BANK							
Processing Charge	7,410	9,640	10,750	12,530	12,990	14,850	16,710
Processing Charge LASER PANRETINAL PHOTOCOA	AGULATION						
Processing Charge	AGULATION 5,600	7,290	8,130	9,480	9,820	11,230	12,64
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY	AGULATION 5,600 5,600	7,290 7,290	8,130 8,130	9,480 9,480	9,820	11,230 11,230	12,64 12,64
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges	AGULATION 5,600 5,600 3,540	7,290 7,290 4,610	8,130 8,130 5,150	9,480 9,480 6,000	9,820 9,820 6,220	11,230 11,230 7,110	12,64 12,64 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY	AGULATION 5,600 5,600	7,290 7,290	8,130 8,130	9,480 9,480	9,820	11,230 11,230	12,64 12,64 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges	AGULATION 5,600 5,600 3,540 3,540	7,290 7,290 4,610	8,130 8,130 5,150	9,480 9,480 6,000	9,820 9,820 6,220	11,230 11,230 7,110	12,64 12,64 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees	AGULATION 5,600 5,600 3,540 3,540	7,290 7,290 4,610	8,130 8,130 5,150	9,480 9,480 6,000	9,820 9,820 6,220	11,230 11,230 7,110	12,64 12,64 8,010 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDO	AGULATION 5,600 5,600 3,540 3,540 TOMY	7,290 7,290 4,610 4,610	8,130 8,130 5,150 5,150	9,480 9,480 6,000 6,000	9,820 9,820 6,220 6,220	7,110 7,110	12,64 12,64 8,010 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDOT Procedure Charges	AGULATION 5,600 5,600 3,540 3,540 70MY	7,290 7,290 4,610 4,610	8,130 8,130 5,150 5,150 7,700	9,480 9,480 6,000 6,000	9,820 9,820 6,220 6,220	7,110 7,110	12,64 12,64 8,010 8,010
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDOT Procedure Charges Doctor Fees	AGULATION 5,600 5,600 3,540 3,540 70MY	7,290 7,290 4,610 4,610	8,130 8,130 5,150 5,150 7,700	9,480 9,480 6,000 6,000	9,820 9,820 6,220 6,220	7,110 7,110	12,64 12,64 8,010 8,010 11,98 11,98
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDOT Procedure Charges Doctor Fees CORNEAL TOPOGRAPHY	AGULATION 5,600 5,600 3,540 3,540 70MY 5,300 5,300	7,290 7,290 4,610 4,610 6,900 6,900	8,130 8,130 5,150 5,150 7,700 7,700	9,480 9,480 6,000 6,000 8,980	9,820 9,820 6,220 6,220 9,310 8,980	7,110 7,110 7,110 10,640	12,641 12,641 8,010 8,010 11,98 11,98
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDOT Procedure Charges Doctor Fees CORNEAL TOPOGRAPHY Procedure Charges	AGULATION 5,600 5,600 3,540 3,540 5,300 5,300 1,850	7,290 7,290 4,610 4,610 6,900 6,900 2,400	8,130 8,130 5,150 5,150 7,700 7,700 2,680	9,480 9,480 6,000 6,000 8,980 3,130	9,820 9,820 6,220 6,220 9,310 8,980	11,230 11,230 7,110 7,110 10,640 10,640	12,641 12,641 8,010 8,010 11,98 11,98
Processing Charge LASER PANRETINAL PHOTOCOA Procedure Charges Doctor Fees YAG LASER CAPSULTOMY Procedure Charges Doctor Fees YAG LASER PERIPHERAL IRIDOT Procedure Charges Doctor Fees CORNEAL TOPOGRAPHY Procedure Charges Doctor Fees	AGULATION 5,600 5,600 3,540 3,540 5,300 5,300 1,850	7,290 7,290 4,610 4,610 6,900 6,900 2,400	8,130 8,130 5,150 5,150 7,700 7,700 2,680	9,480 9,480 6,000 6,000 8,980 3,130	9,820 9,820 6,220 6,220 9,310 8,980	11,230 11,230 7,110 7,110 10,640 10,640	12,644 12,644 12,644 8,010 11,98 11,98 4,180 4,180