

## Price list for paid medical services

### Diagnostic Department (KFD)

Service Code	Name of service	Price
A05.12.001	REOVASOGRAPHY	570.00
A05.23.002	REOENCEPHALOGRAPHY	805.00
A05.10.004	ECG (INTERPRETATION, DESCRIPTION, INTERPRETATION)	325.00

### TRANSFUSIOLOGY OFFICE

Service Code	Name of service	Price
A11.12.009	PERIPHERAL VEIN TAKING BLOOD	100.00
A11.12003	INTRAVENOUS ADMINISTRATION OF MEDICINES	575.00
A18.05.012	HEMOTRANFUSION	2530.00
A18.05.009	BLOODING	1560.00
A12.05.008	DIRECT ANTIGLOBULIN TEST (CUMBS TEST)	605.00
A18.05.019	LOW-INTENSIVE LASER THERAPY (INTERNAL BLOOD IRRADIATION)	670.00
A12.05.006	DETERMINATION OF ANTIGEN D RESOURCE SYSTEMS (RESUS FACTOR)	290.00
A12.05.005	DEFINITION OF THE MAIN GROUPS OF THE ABO SYSTEM	330.00
A12.05.007	DEFINITION OF A SUBGROUP AND OTHER GROUPS OF BLOOD OF A LOWER VALUE	330.00
A12.06.043	DETERMINATION OF THE CONTENT OF ANTIBODIES TO ANTIGENS OF BLOOD GROUPS	690.00
A12.05.007.001	DETERMINATION OF THE PHENOTYPE BY ANTIGENES C, c, E, e, Cw, K, k and	460.00
A18.05.001	PLASMAFERESIS	4650.00
A18.05.001.001	PLASMA EXCHANGE	4650.00
B01.051.001	ADMISSION (INSPECTION, CONSULTATION) OF A TRANSFUSIOLOGIST DOCTOR	950.00
A12.05.004	COMPATIBILITY TEST BEFORE TRANSFUSION OF ERYTHROCYTES	330.00
A12.05.009	DIRECT ANTI-GLOBULIN TEST (CUMBS TEST)	385.00
A18.05.005	UFO BLOOD	670.00

### CARDIOLOGY CENTER FOR PREVENTION AND TREATMENT OF ARTERIAL HYPERTENSION

Service Code	Name of service	Price
A12.10.005	Bicycle ergometry	1200.00
A04.12.005.003	Duplex Scanning of Brachiocephalic Arteries with Color Doppler BLOOD MAP	1125.00
A05.10.007	ELECTROCARDIOGRAPHIC DATA MONITORING	1090.00
B01.015.002	ADMISSION (INSPECTION, CONSULTATION) DOCTOR-CARDIOLOGIST HIGH. CAT (REPEATED)	805.00
B01.015.001	ADMISSION (INSPECTION, CONSULTATION) DOCTOR-CARDIOLOGIST (PRIMARY)	630.00
B01.015.002	RECEPTION (INSPECTION, CONSULTATION) DOCTOR-CARDIOLOGIST (REPEATED)	460.00
B01.015.001	ADMISSION (INSPECTION, CONSULTATION) DOCTOR-CARDIOLOGIST HIGH.KAT. (PRIMARY)	975.00
B01.015.001	ADMISSION (INSPECTION, CONSULTATION) BY THE HEAD OF THE CENTER-DOCTOR-CARDIOLOGIST	1265.00
A02.12.002.001	24-HOUR MONITORING OF ARTERIAL PRESSURE	930.00
A06.12.031	CEREBRAL ANGIOGRAPHY (ARTERIOGRAPHY)	460.00
A05.10.004	ECG (INTERPRETATION, DESCRIPTION, INTERPRETATION)	345.00

A12.10.001	ELECTROCARDIOGRAPHY WITH PHYSICAL LOAD (TREDMIL)	1265.00
A04.10.002	ECHOCARDIOGRAPHY	1090.00

#### KOIKO-DAY (HOSPITAL)

Service Code	Name of service	Price
B05.050.005	1 C / D IN THE MED REHABILITATION	835.00
B01.015.006	1 K / D IN CARD. IN THE CHAMBER OF INCREASED COMFORT	1725.00
B01.015.006	1 C / D IN THE CARDIOLOGY DEPARTMENT	920.00
B01.023.003	1 K / D IN NEB. IN THE CHAMBER INCREASED. COMFORT.	1725.00
B01.023.003	1 K / D IN THE NEUROLOGICAL DEPARTMENT	950.00
B01.050.003	1 C / D TO THE ORTHOPEDIST .. CENTER IN THE CHAMBER INCREASED.COMFORT.	1725.00
B01.050.003	1 C / D IN THE ORTHOPEDIC DEPARTMENT	650.00
B05.050.005	1 K / D IN DTD. HONEY. REHABILITATION IN THE CHAMBER INCREASED. COMFORT.	1725.00
B01.029.005	1 C / D IN THE OPHTHALMIC DEPARTMENT	860.00
B01.003.003	1 C / D IN RESCUE	4785.00
B01.057.005	1 K / D IN HIR.OTD. IN THE CHAMBER INCREASED.COMFORT.	1725.00
B01.057.005	1 C / D IN THE SURGICAL DEPARTMENT	920.00
B01.050.003	1K / D V OFT. DTD CHAMBER INCREASE. COMFORT.	1725.00

#### CLINICAL AND DIAGNOSTIC LABORATORY

Service Code	Name of service	Price
B03.016.005	BLOOD ANALYSIS ON THE ASSESSMENT OF LIPID METABOLISM DISORDERS BIOCHEMICAL	650.00
A11.12.009	PERIPHERAL VEIN TAKING BLOOD	100.00
A26.19.010	STUDY OF STAIN FOR EGGS AND HELMINT LARVAS	230.00
A09.19.001	STUDY OF STAIN FOR HIDDEN BLOOD	115.00
B03.005.004	STUDY OF COAGULATION HEMOSTASIS (THROMBOELASTOGRAM)	280.00
A12.06.045	RESEARCH ANTIBODIES TO THYROEOPEROXIDASE IN BLOOD	255.00
A012.05.015	BLEEDING TIME STUDY	70.00
A26.19.011	STUDY OF STAIN FOR THE SIMPLE	205.00
A08.16.004	STUDY OF STOMACH MATERIAL IN THE PRESENCE OF THE PILORI HELICOBACTER (NELICOBACTER PYLORI)	330.00
B03.016.015	STUDY OF URINE BY THE ZIMNITSKY METHOD	350.00
B03.016.014	RESEARCH OF URINE BY NECHIPORENKO METHOD	195.00
A12.05.001	RESEARCH REDUCTION SPEED	200.00
A09.28.014	STUDY OF SODIUM LEVEL IN URINE	150.00
A09.05.050	BLOOD FIBRINOGEN STUDY	180.00
A09.05.026	BLOOD CHOLESTEROL LEVEL STUDY	140.00
A09.05.256	RESEARCH OF THE LEVEL OF N-TERMINAL FRAGMENT OF SODIURETIC PROPEPTIDE BRAIN IN BLOOD	750.00
A09.05.011	RESEARCH LEVEL OF ALBUMINE IN BLOOD	155.00
A09.05.083	STUDY OF THE GLYCED HEMOGLOBIN LEVEL IN BLOOD	390.00
A09.05.023	BLOOD GLUCOSE STUDY	160.00
A09.05.007	RESEARCH OF IRON SERUM OF BLOOD SERUM	180.00
A09.05.031	STUDY OF POTASSIUM LEVEL IN BLOOD	150.00
A09.28.013	STUDY OF POTASSIUM IN URINE	150.00
A09.28.012	STUDY OF CALCIUM LEVEL IN URINE	115.00
A09.05.020	RESEARCH CREATININE LEVEL IN BLOOD	180.00
A09.05.207	RESEARCH OF LACTIC ACID LEVEL IN BLOOD	395.00
A09.05.017	RESEARCH UREA LEVEL IN BLOOD	140.00
A09.05.018	UREA ACID BLOOD STUDY	160.00

A09.05.030	RESEARCH SODIUM LEVEL IN BLOOD	150.00
A09.05.033	STUDY OF INORGANIC PHOSPHORUS LEVEL IN BLOOD	260.00
A09.05.010	BLOOD TOTAL PROTEIN LEVEL STUDY	160.00
A09.05.021	STUDY OF TOTAL BILIRUBIN BLOOD LEVEL	300.00
A09.05.032	BLOOD TOTAL CALCIUM LEVEL STUDY	215.00
A09.05.127	STUDY OF TOTAL MAGNESIUM LEVEL IN BLOOD SERUM	180.00
A09.05.130	EXAMINATION OF GENERAL PROSTATSPECIFIC ANTIGEN LEVEL IN BLOOD	390.00
A09.05.130.001	BLOOD FREE PROSTATE SPECIFIC ANTIGEN LEVEL STUDY	310.00
A09.05.051.002	STUDY OF SOLUBLE FIBRINMONOMERIC COMPLEXES IN BLOOD	125.00
A12.05.123	BLOOD RETICULOCYTE LEVEL STUDY	160.00
A09.05.009	BLOOD SERUM C-REACTIVE BELOCK LEVEL STUDY	275.00
A09.05.063	BLOOD SERUM FREE TYROXIN (CT4) LEVEL STUDY	320.00
A09.05.061	BLOOD SERUM FREE TRIIODTHYRONINE (CT3) LEVEL STUDY	300.00
A09.05.065	STUDY OF BLOOD TYREOTROPIC HORMONE (TG) LEVEL	300.00
A09.05.025	BLOOD TRIGLYCERIDE LEVEL STUDY	165.00
A12.05.120	BLOOD PLATELET LEVEL STUDY	170.00
A09.05.253	STUDY OF BLOOD TROPONIN T LEVEL	300.00
A09.05.034	BLOOD CHLORIDE LEVEL STUDY	150.00
A09.05.004	STUDY OF HIGH DENSITY LIPOPROTEIN CHOLESTEROL LEVEL IN BLOOD	205.00
A09.05.028	LOW DENSITY LIPOPROTEIN HOLISTERIN BLOOD STUDY	280.00
A12.28.002	CREATININE CLEARANCE NEPHRON FUNCTION STUDY (RIB SAMPLE)	190.00
B03.016.010	KOPROLOGICHESKY RESEARCH	310.00
A26.09.001	MICROSCOPIC EXAMINATION OF SPUTUM ON MYCOBACTERIA	270.00
A26.05.009	MICROSCOPIC EXAMINATION OF "THICK DROP" BLOOD SMEAR ON MALARIA PLASMODIUMS	245.00
A12.20.001	MICROSCOPIC EXAMINATION OF VAGINAL SMEARS	300.00
B03.016.002	GENERAL (CLINICAL) BLOOD TEST	285.00
B03.016.006	GENERAL (CLINICAL) URINE ANALYSIS	190.00
A09.31.000	DETERMINATION OF BLOOD COAGULATION BY SUKHAREV	70.00
A12.05.027.001	DETERMINATION OF ACTIVATED PARTIAL THROMBOPLASTIN TIME B BLOOD	165.00
A09.05.045	BLOOD AMYLASE ACTIVITY DETERMINATION	190.00
A09.05.042	DETERMINATION OF ALANINE AMINOTRANSFERASE (ALAT) ACTIVITY	160.00
A09.28.027	DETERMINATION OF ACTIVITY OF ALPHA AMYLASE IN URINE (URINE DIASTASES)	190.00
A09.05.041	DETERMINATION OF ASPARTATAMINOTRANSFERASE ACTIVITY (ACAT)	160.00
A09.05.044	DETERMINATION OF BLOOD GAMMA-GLUTAMYLTRANSFERASE ACTIVITY	170.00
A09.05.043	DETERMINATION OF CREATINE KINASE ACTIVITY IN BLOOD	200.00
A09.05.039	DETERMINATION OF LACTATE DEHYDROGENESIS ACTIVITY IN BLOOD	180.00
A09.05.046	DETERMINATION OF ALKALINE PHOSPHATASE ACTIVITY IN BLOOD	205.00
A12.30.014	DEFINITION OF INTERNATIONAL NORMALIZED RELATIONS (MOU)	230.00
A09.31.000	DETECTION OF MICROALBUMINS IN URINE	450.00
A12.05.027	DETERMINATION OF PROTHROMBIN (THROMBOPLASTIN) TIME IN BLOOD OR IN TO PLASMA	200.00
A12.06.019	DETERMINATION OF RHEUMATOID FACTOR CONTENT IN BLOOD RHEUMATOID FACTOR	200.00
A12.05.028	BLOOD THROMBIN TIME DETERMINATION	165.00
A12.06.011	WASSERMAN REACTION (RW)	120.00
A08.05.001	CYTOLOGICAL EXAMINATION OF BONE MARROW SMEAR (BONE FORMULA COUNT BRAIN)	700.00

PHYSIOTHERAPEUTIC OFFICE (LFK)

Service Code	Name of service	Price
A19.30.006.002	HARDWARE STATIC-KINETIC LOADS (1 SESSION ON KINESOTHERAPY)	690.00
A19.04.001.002	GROUP EXERCISE OF LFK IN DISEASES AND INJURIES OF JOINTS	245.00
A19.14.001.002	LFC GROUP EXERCISE FOR LIVER, BILE BLADDER AND LVP DISEASES	160.00
A19.28.001.002	GROUP OCCUPATION OF LFK IN URINARY TRACT KIDNEY DISEASES	145.00
A19.10.001.002	LFC GROUP EXERCISE IN HEART AND PERICARDIAL DISEASES	205.00
A19.18.001.002	LFC GROUP EXERCISE IN COLON DISEASES	285.00
A19.03.003.001	INDIVIDUAL OCCUPATION OF LFK IN CASE OF KOTHEA FRACTURE	285.00
A19.04.001.001	INDIVIDUAL EXERCISE OF LFC IN DISEASES AND INJURIES OF JOINTS	355.00
A19.14.001.001	INDIVIDUAL LFC OCCUPATION IN LIVER DISEASES. GALLBLTHE AND LATHE	275.00
A19.28.001.001	INDIVIDUAL EXERCISE OF LFA IN KIDNEY AND URINARY TRACT DISEASES	275.00
A19.18.001.001	INDIVIDUAL LFC ACTIVITY IN COLON DISEASES	310.00
A19.23.002.014	INDIVIDUAL LFC ACTIVITY IN CNS AND BRAIN DISEASES	285.00
A19.10.001.001	INDIVIDUAL LFC EXERCISE IN HEART AND PERICARDIAL DISEASES	275.00
A19.04.001.003	MECHANOTHERAPY FOR JOINT DISEASES AND INJURIES	130.00
B01.020.001	ADMISSION (EXAMINATION, CONSULTATION) OF MEDICAL PHYSICAL CULTURE PHYSICIAN	425.00
B01.020.001	ADMISSION (EXAMINATION, CONSULTATION) OF PHYSICIAN ON THERAPEUTIC PHYSICAL CULTURE. OFFICE	495.00
A19.30.008.002	ANKLE JOINT DEVELOPMENT (stage 1)	285.00
A19.30.008.002	ANKLE JOINT DEVELOPMENT (STAGE 2)	250.00
B01.020.006.000	KNEE JOINT DEVELOPMENT (STAGE 1)	365.00
B01.020.006.000	KNEE JOINT DEVELOPMENT (STAGE 2)	325.00
A19.30.008.002	ELBOW JOINT DEVELOPMENT (1STAGE)	310.00
A19.30.008.002	ELBOW JOINT DEVELOPMENT (STAGE 2)	275.00
A19.30.008.002	DEVELOPMENT OF WRIST JOINTS (GR)	195.00
A19.30.008.002	DEVELOPMENT OF WRIST JOINTS (IND)	250.00
A19.30.008.002	DEVELOPMENT OF FINGERS (GR.)	155.00
A19.30.008.002	DEVELOPMENT OF FINGERS (INDUS.)	255.00
A19.30.008.002	SHOULDER JOINT DEVELOPMENT (1 STAGE)	245.00
A19.30.008.002	SHOULDER JOINT DEVELOPMENT (STAGE 2)	195.00
A19.30.008.002	DEVELOPMENT OF HIP JOINTS (1 STAGE)	345.00
A19.30.008.002	DEVELOPMENT OF HIP JOINTS (STAGE 2)	285.00
A19.04.001.003	MECHANOTHERAPY SESSION ON ARTHROMOTIC APPARATUS (1 LIMB)	285.00

#### ALL-HOSPITAL MEDICAL PERSONNEL

Service Code	Name of service	Price
B01.047.001	ADMISSION (EXAMINATION, CONSULTATION) OF A THERAPIST	575.00

#### SURGICAL DEPARTMENT OPERATING UNIT

Service Code	Name of service	Price
A016.30.079	LAPAROSCOPY	7835.00
A16.14.009.002	LAPAROSCOPIC HOLETSTOKTOMIYA	17630.00
A16.04.014	FOOT AND TOE ARTHROPLASTY	13350.00
A16.01.012	REFLUX OPENING AND DRAINAGE (ABSCCESS)	1725.00
A16.19.013	GEMORROIDEKTOMIYA	9315.00
A16.30.004	HERNIA LARGE P/O HERNIA	13900.00
A16.30.004.015	SURGICAL TREATMENT OF LARGE HERNIA WITH MESH IMPLANTS (No implant cost)	10000.00
A16.30.004.016	OPERATIVE TREATMENT OF GIANT HERNIA USING MESH IMPLANTS (No implant cost)	25000.00

A16.30.004.012	SURGICAL HERNIA SMALL P/O TREATMENT USING MESH IMPLANTS (WITHOUT Cost of implant)	35000.00
A16.30.004.012	SURGICAL TREATMENT OF MEDIUM HERNIA/O USING MESH IMPLANTS (No implant cost)	20000.00
A19.30.007	PARENTERAL DRAINAGE	2875.00
A16.04.002	THERAPEUTIC ASPIRATION OF JOINT CONTENTS (DIPROSPAN)	805.00
A16.04.002	THERAPEUTIC ASPIRATION OF JOINT CONTENTS (WITHOUT MEDICATION)	575.00
A16.01.017	REMOVAL OF BENIGN SKIN FORMATIONS UNDER M/A	2875.00
A16.01.018	REMOVAL OF BENIGN FIBER P/K FORMATIONS (LIPOMAS) LARGE SIZE (MORE THAN 8 CM)	8000.00
A16.01.018	REMOVAL OF BENIGN U/C FIBER FORMATIONS (LIPOMAS) SMALL SIZE (UP TO 2CM)	2895.00
A16.01.018	REMOVAL OF BENIGN FORMATIONS OF MEDIUM-SIZED SUBCUTANEOUS FIBER (LIPOMA) (3 TO 8CM)	5000.00
A16.01.027.001	REMOVAL OF NAIL PLATE WITH WEDGE-SHAPED MATRIX RESECTION	1725.00
A16.12.006.001	REMOVAL OF SURFACE VEINS OF LOWER LIMBS	20000.00
A16.01.004	SURGICAL TREATMENT OF WOUND OR INFECTED TISSUE	2280.00
A16.14.009	HOLET SISTEK TOMIYA	11480.00

#### ORTHOPAEDIC DEPARTMENT OPERATING UNIT

Service Code	Name of service	Price
A16.04.112	ARTHRODESIS OF FOOT AND ANKLE JOINT (WITHOUT COST OF METAL STRUCTURES)	10000.00
A16.04.024.001	ARTHROSCOPIC MENISCECTOMY OF KNEE JOINT	7500.00
A16.04.015.002	ARTHROSCOPIC PLASTIC OF ANTERIOR CRUCIATE LIGAMENT OF KNEE JOINT (WITHOUT COST OF IMPLANTS)	7500.00
A16.04.017.004	ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DEBRIDMENTING SHOULDER CUFFS OF SHOULDER JOINT	10000.00
A16.03.024.009	BONE RECONSTRUCTION. CORRING OSTEOTOMY OF THE TIBIA (NO COST METALWORK)	11000.00
A16.03.024.007	RECOSTRUCTION OF BONE-CORRECTING OSTEOTOMY IN CASE OF FOOT DEFORMATION	6405.00
A16.03.021.001	REMOVAL OF INTERNAL FIXING DEVICE FROM THIGH	2500.00
A16.03.021.002	REMOVAL OF INTERNAL FIXING DEVICE FROM TIBIA	2500.00
A16.03.021.003	REMOVAL OF INTERNAL FIXING DEVICE FROM ARM	2500.00
A16.03.021.004	REMOVAL OF INTERNAL FIXING DEVICE FROM PELVIS	2500.00
A16.01.004	SURGICAL TREATMENT OF WOUND OR INFECTED TISSUE	2165.00
A16.04.021.001	JOINT ENDOPROSTHESIS (REENDOPROSTHESIS) (WITHOUT IMPLANT COST)	17000.00

#### NEUROLOGIC OFFICE

Service Code	Name of service	Price
B01.023.001	ADMISSION (EXAMINATION, CONSULTATION) OF NEUROLOGIST	690.00
B01.023.001	RECEPTION (INSPECTION, CONSULTATION) OF THE HEAD OF THE DEPARTMENT	920.00

#### OFFICE OF ANESTHESIOLOGY RESUSCITATION

Service Code	Name of service	Price
B01.003.001	EXAMINATION (CONSULTATION) BY ANESTHESIOLOGIST - RESUSCITOLOGIST	650.00
B01.003.001	INSPECTION (CONSULTATION) OF THE HEAD OF THE DEPARTMENT	860.00

**SURGICAL OFFICE**

Service Code	Name of service	Price
B01.057.001	RECEPTION (CONSULTATION) OF THE HE6405.00AD OF THE DEPARTMENT2500.002500.	1320.00

**OPHTHALMIC DEPARTMENT**

Service Code	Name of service	Price
A12.26.016.002	AUTOREFRACTOMETRY	400.00
A11.26.020.000	INTRODUCTION OF DRUGS INTO SUBTENON SPACE (1 EYE)	620.00
A16.26.117.002	DEEP NON-PENETRATING SCLERECTOMY WITH DRAINAGE (WITHOUT DRAINAGE COST)	16000.00
A16.26.086.001	INTRAVITREAL ADMINISTRATION OF DRUGS (NO COST OF DRUGS)	4000.00
A16.26.022	CORRECTION OF BLEPHAROLYSIS (UPPER EYELID PLASTIC) 1 EYE	15000.00
A16.26.021	CORRECTION BLEFAROPTOZA	17000.00
A22.26.005	LASER IRIDEKTOMIYA	2800.00
A22.26.002	LASER REMOVAL OF PRECIPITATES FROM IOL	3000.00
A22.26.029.002	LASER BARRAGE OF RETINAL DETACHMENT ZONE	5000.00
A22.26.029.004	MACULAR LASER BARRICADE	4500.00
A22.26.029.003	LASER BARRAGE OF FOCAL CHANGES AND HOLE CHANGES OF RETINAL DEFECTS	2000.00
A22.26.020	LASER SYNECHIOLYSIS (POSTERIOR SYNECHIA DYSCISION)	3000.00
A22.26.010	PAN-RETINAL LAZERKOAGULATION OF THE RETINA	5000.00
A22.26.029.001	PERIPHERAL LAZERKOAGULATION OF THE RETINA	5000.00
B01.029.001	APPOINTMENT (EXAMINATION, CONSULTATION) OF OPHTHALMOLOGIST (PRIMARY)	1150.00
B01.029.002	APPOINTMENT (EXAMINATION, CONSULTATION) OF OPHTHALMOLOGIST (REPEATED)	575.00
A22.26.009.002	SEGMENTAL LASER RETINAL COAGULATION	3800.00
A16.26.137	REMOVAL OF CORNEAL SEAMS	500.00
A16.26.051	REMOVAL OF FOREIGN CORNEAL BODY	1000.00
A16.26.025	REMOVAL OF THE NEW GROWTH CENTURY	3000.00
A16.26.044	PTERIGIUM'S REMOVAL	6000.00
A04.26.003	ULTRASONIC EYE SCAN (C)	700.00
A16.26.020.000	ELIMINATION OF ENTROPION OR ECTROPION	16000.00
A16.26.093	FACOEMULSIFICATION WITHOUT INTRAOCULAR LENS. FAKOFRAGMENTATION, FAKOASPIRATION	9850.00
A16.26.092	CATARACT EXTRACTION (NO IOL COST)	6000.00

**POLYCLINIC OFFICE**

Service Code	Name of service	Price
A03.26.001	EYE BIOMICROSCOPY	115.00
A02.26.004	VIZOMETRIYA	170.00
A11.04.004	INTRA-ARTICULAR DRUG ADMINISTRATION (NO COST)	575.00
A11.04.004	INTRA-ARTICULAR ADMINISTRATION OF DRUGS (DIPROSPAN)	805.00
A16.01.012	REFLUX OPENING AND DRAINAGE (ABSCESS)	1725.00
A03.26.002	GONIOSKOPIYA	170.00
A03.26.020	COMPUTER PERIMETRY	345.00
A21.26.001	MASSAGE CENTURY MEDICAL	230.00
B01.070.001	MEDICAL ADJUSTMENT FOR STATE OF INTOXICATION (PRE-FLIGHT, POST-POST INSPECTION)	150.00
A02.26.009	OPHTHALMOMETRY	170.00

A02.26.003	OFTALMOSKOPIYA	285.00
A23.26.001	SELECTION OF EYEGLOSS CORRECTION OF VISION	250.00
A23.26.001	SELECTION OF EYEGLOSS CORRECTION OF VISION (IN CASE OF ASTIGMATISM)	310.00
B01.058.001	ADMISSION (CONSULTATION OF PRIMARY ENDOCRINOLOGIST	630.00
B01.023.001	ADMISSION (CONSULTATION, EXAMINATION) OF PRIMARY NEUROLOGIST	630.00
B01.023.002	RECEPTION (CONSULTATION, EXAMINATION) OF NEUROLOGIST	400.00
B01.058.002	RECEPTION (CONSULTATION, EXAMINATION) OF AN ENDOCRINOLOGIST	345.00
B01.050.001	RECEPTION (EXAMINATION, CONSULTATION) OF TRAUMATOLOGIST-ORTHOPAEDIC	630.00
B01.050.001	RECEPTION (EXAMINATION, CONSULTATION) OF TRAUMATOLOGIST-ORTHOPAEDIC DOCTOR K.M.N.	920.00
B01.001.001	ADMISSION (EXAMINATION, CONSULTATION) OF DOCTOR-ACUSHER-GYNAECOLOGIST PRIMARY	575.00
B01.001.002	RECEPTION (EXAMINATION, CONSULTATION) OF DOCTOR-ACOUCHER-GYNAECOLOGIST REPEATED	400.00
B01.028.001	ADMISSION (EXAMINATION, CONSULTATION) OF PRIMARY OTOLARYNGOLOGIST	630.00
B01.028.002	RECEPTION (EXAMINATION, CONSULTATION) OF OTOLARYNGOLOGIST	400.00
B01.029.001	ADMISSION (EXAMINATION, CONSULTATION) OF PRIMARY OPHTHALMOLOGIST	630.00
B01.029.002	RECEPTION (EXAMINATION, CONSULTATION) OF OPHTHALMOLOGIST	400.00
B01.047.001	ADMISSION (EXAMINATION, CONSULTATION) OF PRIMARY THERAPIST	575.00
B01.047.002	RECEPTION (EXAMINATION, CONSULTATION) OF THE THERAPIST	345.00
B01.053.001	ADMISSION (EXAMINATION, CONSULTATION) OF THE PRIMARY UROLOGIST	630.00
B01.053.002	RECEPTION (EXAMINATION, CONSULTATION) OF THE UROLOGIST	400.00
B01.057.001	ADMISSION (EXAMINATION, CONSULTATION) OF THE PRIMARY SURGEON	630.00
B01.057.002	RECEPTION (EXAMINATION, CONSULTATION) OF THE SURGEON	400.00
B04.001.002	PREVENTIVE EXAMINATION OF OBSTETRICIAN-GYNAECOLOGIST	345.00
A05.23.002	RHEOENCEPHALOGRAPHY	400.00
A03.26.015	TONOGRAFIYA	305.00
A04.26.003	ULTRASONIC SCANNING OF A EYE	575.00
A06.12.031	CEREBRAL ANGIOGRAPHY (ARTERIOGRAPHY)	355.00
A05.10.004	ECG (DECRYPTION, DESCRIPTION, INTERPRETATION)	285.00

#### DIAGNOSTIC DEPARTMENT (X-RAY ROOM)

Service Code	Name of service	Price
A06.03.053.000	X-RAY FOOT IN TWO PROECTIONS	480.00
A06.30.002.002	DESCRIPTION AND INTERPRETATION OF X-RAY IMAGES	415.00
A06.16.010	TOOTH X-RAY ANALYSIS	215.00
A06.03.032	BRUSH X-RAY ANALYSIS	480.00
A06.03.015	X-RAY IMAGING OF LUMBAR SPINE IN 1 PROJECTION	480.00
A06.08.003	X-RAY IMAGING OF NASAL APPENDAGE SINUSES	400.00
A06.03.005	X-RAY IMAGING OF THE WHOLE SKULL, IN ONE OR MORE PROJECTIONS	480.00
A06.04.012	X-RAY IMAGING OF ANKLE JOINT IN 2 PROJECTIONS	520.00
A06.04.012	SINGLE PROJECTION X-RAY IMAGING OF ANKLE JOINT	400.00
A06.03.010.001	X-RAY IMAGING OF THORACIC SPINE IN 2 PROJECTIONS	520.00
A06.03.013	X-RAY IMAGING OF THE THORACIC DEPARTMENT	500.00
A06.03.044	RADIOGRAPHY OF FEMORAL DIAFITIS	520.00
A06.03.032	SINGLE PROJECTION BRUSH RADIOGRAPHY	480.00

A06.04.005	X-RAY IMAGING OF KNEE JOINT IN TWO PROJECTIONS	570.00
A06.04.005	SINGLE PROJECTION KNEE RADIOGRAPHY	515.00
A06.09.007	X-RAY ANALYSIS OF LUNGS	400.00
A06.09.007	X-ray of the lungs (WITHOUT PICTURE)	230.00
A06.09.007003	LUNG X-RAY (REVIEW) IN TWO PROJECTIONS	550.00
A06.04.003	X-ray diffraction of the LOCAL JOINT IN ONE PROJECTION	400.00
A06.04.003	X-ray of the elbow joint in 2 projections	520.00
A06.04.004	X-ray diffraction of the wrist joint in 2 projections	520.00
A06.04.004	X-ray diffraction of the wrist joint in one projection	400.00
A06.03.036	LOWER EXTREME X-RAY	750.00
A06.04.010	X-Ray of the Shoulder Joint	390.00
A06.03.015	X-ray of the lumbar spine in 2 projections	650.00
A06.03.053	X-ray of the foot in two projections	520.00
A06.03.041	X-ray of the pelvis	415.00
A06.04.011	X-RAY OF HIP JOINT IN ONE PROJECTION (copy)	515.00
A06.04.011	X-RAY OF HIP JOINT IN TWO PR. (Copy)	570.00
A06.03.010	X-ray of the cervical spine in 2 projections	495.00

#### DIAGNOSTIC DEPARTMENT (ultrasound examinations)

Service Code	Name of service	Price
A04.12.006.001	ULTRASONIC DUPLEX SCANNING OF LOWER EXTREMITY ARTERIES	920.00
A04.12.006.002	ULTRASOUND DUPLEX SCAN OF LOWER EXTREMITIES	1000.00
A04.14.002.001	ULTRASONIC STUDY OF THE GALL BLADDER WITH DETERMINATION OF FUNCTION	815.00
A04.06.002	ULTRASOUND RESEARCH OF LYMPHATIC UELA	350.00
A04.28.002.001	ULTRASONIC RESEARCH OF THE SCROTTER BODIES	415.00
A04.09.001	ULTRASOUND RESEARCH OF THE CAVIAR CAVITY	320.00
A04.28.002.001	ULTRASOUND KIDNEY STUDY	370.00
A04.28.002	ULTRASOUND RESEARCH OF KIDNEYS, ADRENALS, BLADDER	505.00
A04.28.002.005	ULTRASONIC STUDY OF KIDNEYS, ADRENALS, BLADDER WITH DETERMINATION OF RESIDUAL URINE, PROSTATE	600.00
A04.21.01	ULTRASOUND STUDY OF THE PROSTATE, BLADDER DETERMINING RESIDUAL URINE	470.00
A04.04.001	ULTRASOUND JOINT STUDY	575.00
A04.22.001	THYROID ULTRASOUND RESEARCH	750.00
A04.16.001	CAVITIES (BILENTAL ducts, gallbladder, pancreas, spleen)	655.00

#### DIAGNOSTIC DEPARTMENT (ENDOSCOPIC OFFICE)

Service Code	Name of service	Price
A11.19.000	BIOPSY BY VIDEO-ENDOSCOPIC TECHNOLOGIES	390.00
A03.18.001.001	Videoconoscopy	2565.00
A03.16.001	Video esophagastroduodenoscopy	1700.00
B01.003.004.009	TOTAL INTRAVENOUS ANESTHESIA	1200.00

#### RECEPTION DEPARTMENT

Service Code	Name of service	Price
B02.047.002.001	RECEPTION (INSPECTION, CONSULTATION) OF A MEDICAL SISTER AT THE PROVISION OF A MEDICAL HELP	205.00

#### PHYSIOTHERAPEUTIC DEPARTMENT

Service Code	Name of service	Price
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A22.30.005.015	BIOPTRON THERAPY (1 LOCALIZATION)	125.00
A22.30.005.001	BIOPTRON THERAPY (2 LOCALIZATIONS)	170.00
A17.30.035.003	GALVANIZATION	170.00
A17.20.005.001	DARSONVALTHERAPY (ULTRATON THERAPY)	125.00
A11.09.007.000	INHALATIONS (SALT, HERBAL, MEDICINES)	90.00
A24.01.005.003	CRYOTHERAPY	170.00
A22.01.005.006	LASER THERAPY (PROJECTIONS OF ORGANS AND SEGMENTATION)	170.00
A21.01.004	TOP EXTREMITY MASSAGE	320.00
A21.01.005	MASSAGE OF HAIRY PART OF THE HEAD	180.00
A21.01.003.001	COLLAR ZONE MASSAGE	260.00
A21.01.009.004	Ankle joint massage	180.00
A21.01.009.003	KNEE JOINT MASSAGE	195.00
A21.01.002	FACE MASSAGE MEDICAL	260.00
A21.01.004.003	MASSAGE OF THE ELBOW JOINT	225.00
A21.01.004.004	Wrist Joint Massage	210.00
A21.01.009	LOWER EXTREMITY MASSAGE	320.00
A21.30.001	FRONT ABDOMINAL MASSAGE	260.00
A21.01.004.002	SHOULDER JOINT MASSAGE	270.00
A21.03.002.004	Lumbosacral spine massage	320.00
A21.03.007	BACK MASSAGE	605.00
A21.01.009.002	MASSAGE OF HIP JOINT AND BERGY REGION	260.00
A21.03.002.005	Cervical Chest Spine Massage	425.00
A21.01.001	GENERAL MASSAGE MEDICAL (1 MASSAGE UNIT)	220.00
B01.054.001	INSPECTION (CONSULTATION) OF THE DOCTOR-PHYSIOTHERAPIST	460.00
A17.30.009.000	PRESSOTHERAPY (UPPER EXTREMITIES)	345.00
A17.30.009.000	PRESSOTHERAPY (LOWER EXTREMITIES)	345.00
A17.30.009.000	PRESSOTHERAPY (ANIMAL AREAS)	690.00
A17.30.009.000	PRESSOTHERAPY (GENERAL)	170.00
A22.01.005.003	SCANNING LASER THERAPY (LASOROREFLEXOTHERAPY)	140.00
A17.30.024.007	SMT FORES	170.00
A20.23.002.001	HEAT TREATMENT (OZOKERITHERAPY, PARAFINOTHERAPY)	60.00
A22.27.001.000	TUBUS	860.00
A22.20.016	Uvt brushes	860.00
A22.30.016	Uvt hips	860.00
A22.30.016	UVT of the ankle joint	860.00
A22.30.016	UVT OF THE KNEE JOINT AREA	860.00
A22.30.016	UVT AREA OF ELBOW JOINT	860.00
A22.30.016	UVT AREA OF THE Wrist JOINT AND SHOULDER	860.00
A22.30.016	UVT SHOULDER AND SHOULDER AREA	860.00
A22.30.016	UVT OF THE SHOULDER JOINT AREA	860.00
A22.30.016	UVT STOP AREA	860.00
A22.30.016	UVT HIP JOINT AREA	860.00
A22.30.016	UVT of the Lumbosacral Division	1295.00
A22.30.016	UVT TRIGER AREA (1 FIELD)	860.00
A22.30.016	UVT Cervical Chest Department	1295.00
A22.30.016	UVT OF THE BERGY ZONE	860.00
A17.30.007.007	UHF (EHF, SMW) THERAPY	115.00
A17.30.034.001	ULTRASOUND	140.00
A22.04.004.001	UFO-THERAPY (INCLUDING LOCAL)	45.00
A17.30.034.000	PHONOPHORESIS	170.00
A17.30.035.000	ELECTRIC STIMULATION	230.00
A17.30.024.000	ELECTROPHORESIS	170.00

**OSTEOPOROSIS PREVENTION CENTER**

<b>Service Code</b>	<b>Name of service</b>	<b>Price</b>
A11.12.003	INTRAVENOUS ADMINISTRATION OF MEDICINES (WITHOUT THE COST OF THE DRUG)	600.00
A11.04.004	Intraarticular administration of drugs (WITHOUT THE COST OF THE DRUG)	800.00
B01.040.001	ADMISSION (OSMOTP, CONSULTATION) DOCTOR-RHEUMATOLOGIST WITHOUT THE PRIMARY CATEGORY	700.00
B01.040.001	ADMISSION (INSPECTION, CONSULTATION) DOCTOR-RHEUMATOLOGIST WITHOUT CATEGORY REPEATED	1100.00
B01.040.001	ADMISSION (INSPECTION, CONSULTATION) DOCTOR-RHEUMATOLOGIST OF THE PRIMARY CATEGORY PRIMARY	1000.00
B01.040.001	ACCEPTANCE (INSPECTION, CONSULTATION) OF THE TOP DOCTOR RHEUMATOLOGIST REPEATED	1000.00
B01.040.001	ADMISSION (INSPECTION, CONSULTATION) OF THE FIRST CATEGORY PRIMARY DOCTOR	900.00
B01.040.001	ACCEPTANCE (INSPECTION, CONSULTATION) OF THE FIRST CATEGORY REPEATED DOCTOR	1100.00
A06.03.061	X-RAY densitometry "ALL BODY"	430.00
A06.03.061	X-ray densitometry "prosthetic zone"	430.00
A06.03.061	X-RAY DENOMITOMETRY (2 LOCALIZATIONS)	1000.00
A06.03.061	X-RAY DENOMITOMETRY (1 LOCALIZATION)	700.00