

<b>OPTIMAL SPECIALIST HOSPITAL LIMITED</b>	
<b>PREMIUM BILLING GUIDE EFFECTIVE 11TH JULY 2025</b>	
<b>OUTPATIENT SERVICES</b>	
Registration	5,000.00
Annual Renewal	4,000.00
General Consultation/ Month	10,000.00
General Consultation Review/Follow up	7,500.00
Express Specialist Consultation (IN House Consultants)	50,000.00
Specialist COnsultation/Month (Gynae)	50,000.00
	45,000.00
Specialist Consultation/Month (Orthopaedic)	50,000.00
Specialist COnsultation/Month (Burns Specialist)	65,000.00
Specialist Consultation/Month (Neurosurgeon, Cardio, ENT, Gen. Surgery)	50,000.00
Subsequent Months(Same Case)	30,000.00
Emergency General Consultation (From 10 PM)	20,000.00
Family Registration	50,000.00
Small Company Registration/ Schools Registration	250,000.00
Annual Renewal	50,000.00
Immunisation (Routine NPI)	5,000.00
Casualty Card Fee	2,500.00
Home Visit by Doctor	50,000.00
Home Visit by Nurse	25,000.00
Use of Ambulance	25,000.00
Fertility Clinic Registration	250,000.00
physiotherapy Fee	10,000.00
physiotherapy Treatment/ Session	15,000.00
<b>ONLINE CONSULTATION _ NIGERIA(15 MINUTES)</b>	
Registration (Phone, Email/Whatsapp or Zoom)	AS ABOVE
General Consultation Fee/Month	-
Phone	15,000.00
Email/Whatsapp	15,000.00
Zoom	40,000.00

<b>SPECIALIST CONSULTATION/MONTH (Cardio/Gynae/ Surgery)</b>	-
Phone	50,000.00
Email/Watsapp	50,000.00
Zoom	75,000.00
<b>SPECIALIST CONSULTATION/MONTH (Paediatrics)</b>	-
Phone	45,000.00
Email/Watsapp	45,000.00
Zoom	70,000.00
<b>ONLINE CONSULTATION _ OUTSIDE NIGERIA(10 MINUTES)</b>	-
Registration (Phone, Email/Watsapp or Zoom)	AS ABOVE
<b>GENERAL CONSULTATION FEE/MONTH</b>	-
Phone	25,000.00
Email/Watsapp	25,000.00
Zoom	50,000.00
<b>SPECIALIST CONSULTATION/MONTH (Cardio/Gynae/Surgery)</b>	-
Phone	75,000.00
Email/Whatsapp	75,000.00
Zoom	100,000.00
<b>SPECIALIST CONSULTATION/MONTH (Paediatrics)</b>	-
Phone	75,000.00
Email/Whatsapp	75,000.00
Zoom	100,000.00
<b>ANTE-NATAL CARE (ANC)</b>	-
<b>REGISTRATION</b>	5,000.00
<b>ANC FEES</b>	-
(Including routine consultations,	-
Routine Drugs F/A, Iron, Vit C.,	150,000.00
plus 2 Scans, 2 T.T.)	-
<b>ROUTINE ANC BLOOD &amp; URINE TESTS</b>	-
Urinalysis, Urine m/c/s, Blood Group, Genotype, VDRL, HEP. B, HIV, RBS -----	30,000.00

Card + ANC Fees + Routine Lab tests	185,000.00
<b>EXECUTIVE EXPRESS ANTENATAL / DELIVERY FEES INCLUDES</b>	-
ANC, Comprehensive ANC Tests, Simple OUT Patient Treatments, AND	605,000.00
Normal Deliveries. ( Admissions, Operative Vaginal Delivery AND C/S) are Exclusions.	-
<b>MEDICAL EXAMINATION</b>	-
Pre-Employment	25,000.00
Insurance 2.5% of Amount Insured Or	25,000.00
Medical Certificates	25,000.00
I & D (Minor)	35,000.00
(Medium)	70,000.00
(Large)	150,000.00
Daily Dressing/ By Nurse	5,000.00
By Doctor	10,000.00
Suturing	2,500.00
Medical Reports	30,000.00
Hospital fee for outpatient treatment/ prescription	15,000.00
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<b>PROCEDURES</b>	
Lumbar Puncture	30,000.00
N-G TUBE (For stomach decompression or feeding) / Enema Saponis	30,000.00
Setting of IV Line with Medicut	7,500.00
Re-setting of IV Line with Medicut	7,500.00
Setting of IV Line with Scalp Vein	4,500.00
Re-Setting of IV Line with Scalp Vein	4,500.00
<b>CIRCUMCISION</b> (Classical / Gomko)	37,500.00
Plastibel	45,000.00
Ear Piercing	15,000.00
Removal of Foreign Body in the Ear & Nose(With Anaesthesia)	90,000.00
Removal of Foreign Body in the Ear & Nose(Without Anaesthesia)	45,000.00

Intramuscular/Subcute Injections(To be added to OPD prescription)	7,500.00
Intravenous Injections (To be added to OPD prescriptions)/ INJ	11,250.00
Infra Red Heat Therapy / Session	15,000.00
<b><u>ADMISSION/IN PATIENT DEPOSIT (PRIVATE PATIENTS ONLY)</u></b>	
Non-Surgical Admission (Short Stay 1-2 days)	360,000.00
(Medium Stay 3-5 DAYS)	600,000.00
(Long Stay - One Week and above)	1,800,000.00
(Patient admitted as short or medium stay and is now staying long	
is to pay additional deposit of 500,000 per week of continuous stay)	
Observation in Casualty(i.e less than 12hrs)	150,000.00
Casualty Room admission i.e Over 12 Hours	240,000.00
Minor Operations	300,000.00
Medium Operations	750,000.00
Major Operations	1,500,000.00
HOSPITAL FEES FOR ADMITTED PATIENT	180,000.00
<b><u>ROOMS</u></b>	
Room 102	66,000.00
Rooms 103,105, 107	48,000.00
Rooms 205, 207,	60,000.00
Room 104	78,000.00
Room 202	90,000.00
Room 100 (General Room)	30,000.00
Casualty Room	24,000.00
Room discount - 25% after 3 weeks of continuous stay	
Room discount - 50% after 4 weeks of continuous stay	
<b><u>FEEDING</u></b>	
NB: Only Rooms 100,103, 105,107,205 and 207 are for HMO patients. On no account should any HMO Patient be admitted into any other room reserved for private patients except in dire emergency and with the permission of the Managing Consultant. Any HMO patient who desires to stay in any room reserved for private patients should pay the room difference .	

<b><u>OBSTETRICS SERVICES</u></b>	
Deposit for Vaginal Delivery	225,000.00
Obstetrician's Fees for C/S (1ST C/S)	300,000.00
Obstetrician's Fees for C/S (2nd C/S)	350,000.00
Obstetrician's Fees for C/S (3RD & 4TH C/S)	400,000.00
Obstetrician's Fees for C/S (5TH C/S & ABOVE)	500,000.00
Obstetrician's Fees for Normal Delivery	75,000.00
Normal Delivery Fees without Episiotomy (All Inclusive) + 12 Hours Observation	200,000.00
Normal Delivery Fees without Episiotomy (All Inclusive) + 24 Hours Observation	250,000.00
Normal Delivery Fees without Episiotomy (All Inclusive) + 48 Hours Observation	300,000.00
Normal Delivery Fees without Episiotomy (All Inclusive) > 48 Hours Observation .	50000 (
For any Extra Baby Delivered Vaginally	150,000.00
Operative Vaginal delivery (i.e vacuum /forceps) + upto 48 hours observation	500,000.00
Operative Vaginal delivery (i.e vacuum /forceps) + extra day stay after 48 hours	60,000.00
CS (Minimum Deposit) (1ST C/S)	450,000.00
CS (Minimum Deposit) (2ND C/S)	450,000.00
CS (Minimum Deposit) (3rd & 4th C/S)	450,000.00
CS (Minimum)Deposit) (5TH & ABOVE C/S)	450,000.00
First C/S (All Inclusive Fees) (No Complications)	650,000.00
For any Extra Baby Delivered by C/S	200,000.00
Intrapartum B.T.L	225,000.00
Cervical Ripening	60,000.00
Induction of labour	75,000.00
Augmentation of labour	75,000.00
Episiotomy and repairs	90,000.00
Cervical Laceration Repair	150,000.00
Manual removal of placenta under Anaesthesia	225,000.00
Evacuation, Dilatation & Curettage	180,000.00

Cerclage	375,000.00
Use of labour room	90,000.00
Removal of Cerclage Suture	75,000.00
N.B. Normal Delivery HMO Patient is to be Discharged within 12 Hours and Uncomplicated C/S HMO Patient is to be Discharged within 72 Hours	
<b>NEONATAL SERVICES</b>	
Deposit for Incubator Care	525,000.00
Paediatrician's fee	22,500.00
Incubator care + Nursery Room Fee	22,500.00
Incubator Care + Nursery fee + Phototherapy	30,000.00
Phototherapy	7,500.00
Phototherapy + Nursery Room Fee	18,750.00
Oxygen / hour via Oxygen Extractor	12,000.00
Exchange Blood Transfusion	75,000.00
Nursery Room Fee	11,250.00
Neonatal Care	11,250.00
Use of Soluset	11,250.00
Nebulizer / Session	11,250.00
<b>SURGICAL SERVICES</b>	0.00
Use of theatre-minor cases	90,000.00
Use of theatre-medium cases	150,000.00
Major cases	285,000.00
Surgeon's fee Major	600,000.00
Medium	375,000.00
Minor	225,000.00
Anaesthetist fee Major	90,000.00
Medium	75,000.00
Minor	45,000.00
Anaesthetist materials Major	75,000.00
Medium	52,500.00
Minor	37,500.00
Outpatient procedures will now attract room fee rate	
<b>SURGICAL SERVICES (All Inclusive Price Procedures Only)</b>	
Herniorrhaphy	525,000.00

Appendicitis	570,000.00
Orchidopexy	375,000.00
Excisional Biopsy (Scrotum, , Penis, Limbs, etc)	375,000.00
Prostatectomy	1,125,000.00
Exploratory Laparotomy	1,125,000.00
<b><u>GYNAE SERVICES (All Inclusive Price for Procedures Only)</u></b>	
D & C	180,000.00
Pap's Smear (Procedure and Cytology)	45,000.00
Formal Cervical Dilatation + I.U.Adhesiolysis + Foley's Catheter	
Insertion	240,000.00
Hydrotubation	240,000.00
Sonohysterosalpingogram	375,000.00
Excisional biopsy – uterus, cervix, vagina, vulva, breast, scrotum, penis etc (without histology)	375,000.00
Marsupialization	375,000.00
Postpartum B. T. L.	375,000.00
Minilaparotomy, B. T. L, cone biopsy	525,000.00
Laparotomy / Myomectomy / Hysterectomy	1,125,000.00
Vaginal Hysterectomy	1,125,000.00
Perineorrhaphy	450,000.00
<b><u>Colpo-Perineorrhaphy</u></b>	
Anterior	600,000.00
Posterior	600,000.00
Both	1,125,000.00
Baby Sex Selection Clinic's Registration fee	225,000.00
D&C + Culdocentesis or Colpotomy	525,000.00
I.U.I	975,000.00
<b><u>Family Planning</u></b>	
Condoms	3,000.00
I. U.C.D. insertion (preservice Lab test applicable)	75,000.00
I.U.C.D. Removal	30,000.00
Implanon insertion (preservice Lab test applicable)	150,000.00
Implanon Removal	75,000.00
Vaginal Foaming tabs	
<b><u>N.B THIS BILLING GUIDE IS SUBJECT TO PERIODIC CHANGES /</u></b>	
<b><u>REVIEWS</u></b>	

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