

## GMCH Test/Procedure Charges(April 2026 onwards)

<i>Department /Test Name</i>	<i>10000</i>	<i>10001-50000</i>	<i>50001</i>
<b>LABORATORY(DENTAL)</b>			
ARCYLIC FULL CROWN - PROSODHONTIC PROCEDURES	20	80	140
ARTHROCENTESIS/PROLOTHERAPY (ORAL SURGERY)	50	140	200
BIO-MECHANICAL PREPARATION - ENDODONTICS PROCEDURES	20	80	110
BIOPSY, INCISION AND DRAINAGE - ORAL SURGERY	20	80	140
BLOCK DISSECTION OF NECK - ORAL SURGERY	300	670	1330
CALCIUM HYDROXIDE PUSH PER CANAL - ENDODONTICS PROCEDURE	20	80	110
CALDWELL LUC S OPERATION (ORAL SURGERY)	100	280	670
COMPLETE DENTURE (BOTH ARCHES) (EXCLUDING COST OF FABRICATION) - PR	200	540	800
COMPLETE DENTURE (SINGLE ARCH) (EXCLUDING COST OF FABRICATION) - PRO	100	280	400
COMPOSITE RESTORATION PER SURFACE (PEDODONTICS AND PREVENTIVE PR	70	200	340
COMPOSITE RESTORATIONS PER SURFACE - RESTORATIVE PROCEDURE	75	200	340
COMPOSITE RESTORATIONS PER SURFACE - RESTORATIVE PROCEDURES	75	200	340
CROWN LENGTHENING INCLUDING OSTEOTOMY AND/OR OSTEOPLASTY - PERIO	200	400	670
CROWN LENGTHENING INCLUDING SOFT TISSUE - PERIODONTAL PROCEDURE	50	140	200
CROWN REMOVAL PER TOOTH - PROSTHODONTIC PROCEDURE	100	200	280
CROWN-STAINLESS STEEL, NON METAL CROWN (PEDODONTICS AND PREVENTI	50	140	280
CYST EUNLEATION - ORAL SURGERY	100	400	670
DENTAL IMPLANT SURGERY WITH ABUTMENT FIXATION (THESE CHARGES ARE F	100	340	670
Dental IOPA X-ray	0	0	0
DIAGNOSTIC X-RAY UNDER ENDODONTIC PROCEDURE - RADIOLOGY SERVICES	20	80	110
DRAINAGE OF PERIODONTAL ABSCESS - PERIODONTAL PROCEDURE	20	80	140
DRESSING/TEMPORARY FILLING PER TOOTH - RESTORATIVE PROCEDURES	20	80	140
EXTRACTION PER TOOTH OF CHILD AND ADULT - ORAL SURGERY	20	80	140
EXTRATION OF TOOTH FOR WITH SPECIAL NEEDS CHILD/ADULTS (ORAL SURGER	100	280	400
FIBRE-POST AND CORE BUILD - PROSTHODONTIC PROCEDURE	200	540	800
FIXED APPLIANCE THERAPY - DOUBLE ARCH (ORTHODONTIC PROCEDURES)	150	280	340
FIXED APPLIANCE THERAPY - SINGLE ARCH (ORTHODONTIC PROCEDURES)	150	280	340
FIXED PARTIAL DENTURE 3 UNITS WITH PORCELAIN (EXCLUDING COST OF FABRI	100	200	280
FLUORIDE APPLICATION/PER QUADRANT SOLUTION -PEDODONTIC AND PREVEN	20	70	100
FLUORIDE APPLICATION/PER QUADRANT VARNISH - PEDODONTIC AND PREVENT	30	70	80
FRACTURE JAWS CLOSED REDUCTION/INTERMAXILLARY FIXATION (IMF) - ORAL	100	200	400
FRACTURE JAWS OPEN REDUCTION AND INTERNAL FIXATION - ORAL SURGERY	200	670	1330
FRENECTOMY - PERIODONTAL PROCEDURE	50	140	280
FULL METAL, ZIRCONIA, PORCELAIN-FUSED-TO-METAL CROWN, FULL PORCELAIN	100	200	280

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FUNCTIONAL APPLIANCE - TWIN BLOCK (EXCLUDING COST OF FABRICATION) (OR	100	200	400
GENIOPLASTY, CHEILOPLASTY FOR CLEFT LIP, PALATOPLASTY FOR CLEFT PALA	100	280	670
GLASS IONMER FILLING PER TOOTH - RESTORATIVE PROCEDURES	50	140	280
GLASS IONOMER FILLING PER TOOTH - PEDODONTICS AND PREVENTIVE DENTIS	50	140	280
INTERCEPTIVE ORTHODONTIC - LINGUAL ARCH, SPACE MAINTAINER, TRANSPAL	100	200	400
INTRA ORAL X-RAY IOPA, BITE WING X-RAY, RVG - RADIOLOGY SERVICE	20	60	70
MAXILLOFACIAL PROSTHESIS (EXCLUDING COST OF FABRICATION) - PROSTHOD	100	200	400
MIRACLE MIX - RESTORATIVE PROCEDURES	50	140	280
NIGHT GURARD (EXCLUDING COST OF FABRICATION) - PROSTHODONTIC PROCE	100	200	280
OBTURATION PER CANAL - ENDODONTIC PROCEDURE	50	110	140
OBTURATION PER CANAL (PEDODONTICS AND PREVENTIVE PROCEDURES)	50	110	140
OCCUSAL X-RAY - RADIOLOGY SERVICE	30	70	80
OPG (ORTHOPANTOMOGRAM)	75	200	340
OROARTRAL/ORONASAL FISTULA CLOSURE (ORAL SURGERY)	70	200	340
ORTHOGNATHIC SURGERY (BI-JAW) - ORAL SURGERY	400	940	1990
ORTHOGNATHIC SURGERY (SINGLE JAW) - ORAL SURGERY	300	670	1330
ORTHOPAEDIC APPLIANCE - FACE MASK (EXCLUDING COST OF FABRICATION) (O	100	200	400
PAROTIDECTOMY (ORAL SURGERY)	300	670	1330
PRE PRESTHETIC SURGERY, ALVEOPLASTY - ORAL SURGERY	50	140	280
PROPHYLAXIS/SCALING AND POLISHING (FULL MOUTH) - PERIODONTAL PROCED	100	200	280
RECESSION COVERAGE PROCEDURES WITH GRAFT - PERIODONTAL PROCEDUR	300	670	1070
RECESSION COVERAGE PROCEDURES WITHOUT GRAFT - PERIODONTAL PROCE	200	400	670
REIMPLANTATION/TRANSPLANTATION OF TOOTH (ORAL SURGERY)	100	200	400
RELINING/ADJUSTMENT OF COMPLETE DENTURE - PROSTHODONTIC PROCEDUR	50	140	200
REMOVABLE ACRYLIC PARTIAL DENTURE AND FLEXI DINTURE PER ADDITIONAL T	70	140	200
REMOVABLE APPLIANCE - HABIT BREAKING APPLIANCE (EXCLUDING COST OF FA	100	200	400
REPAIR OF ACRYLIC (COMPLETE DENTURE) - PROSTHODONTIC PROCEDURE	50	140	200
REPAIR OF ACRYLIC (REMOVABLE PARTIAL DENTURE) - PROSTHODONTIC PROC	50	140	200
RESECTION/EXCISION OF BENIGH TUMORS AN RECONSTRUTION - ORAL SURGER	300	670	1330
RESECTION/EXCISION OF MALIGNANT TUMORS AN RECONSTRUTION - ORAL SUR	400	1330	2650
RETAINERS - REMOVABLE (ORTHODONTIC PROCEDURES)	100	200	400
RHINOPLASTY - ORAL SURGERY	300	670	1330
ROOT CANAL OPENING PER TOOTH - ENDODONTICS PROCEDURE	50	110	140
SIALOLITH REMOVAL (ORAL SURGERY)	100	280	400
SPLINTING PER SEGMENT - PERIODONTAL PROCEDURE	50	110	140
STUDY CASTS - PROSTHODONTIC PROCEDURE	20	60	80

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SUBGINGIVAL CURETTAGE PER TOOTH - PERIODONTAL PROCEDURE	10	50	60
SUBMANDIBULAR GLAND REMOVAL (ORAL SURGERY)	300	670	1330
SURGICAL OBTURATOR EXCLUDING COST OF FABRICATION - PROSTHODONTIC	50	140	200
SURGICAL PERIODONTAL TREATMENT PER SEGMENT FLAP SURGERY -PERIODO	100	200	400
SURGICAL PERIODONTAL TREATMENT PER SEGMENT WITH GRAFT - PERIODONT	200	400	800
SURGICAL REMOVAL OF IMPACTED TOOTH, DISIMPACTION - ORAL SURGERY	50	200	280
TEMPROMANDIBULAR JOINT (TMJ) GAP ARTHROPLASTY - ORAL SURGERY	300	670	1330
TMJ CONDYLECTOMY/HIGH CONDYLAR SHAVE - ORAL SURGERY	300	670	1330
TMJ DISCECTOMY/DISC PROCEDURE - ORAL SURGERY	100	400	1000
TMJ INTERPOSITIONAL GAP ARTHROPLASTY WITH JOINT RECONSTRUCTION UN	300	1330	1990
TUMOR EXCISION - ORAL SURGERY	70	140	200
VESTIBULOPLASTY - PERIODONTAL PROCEDURE	70	170	280
VITAL BLEACHING STANDARD PER TOOTH - ENDODONTICS PROCEDURE	20	60	70
WALK BLEACH PER TOOTH - ENDODONTICS PROCEDURE	30	70	80