



Well Women Clinic

Well Women Package - Package A

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	748
Pap Smear	Laboratory Services	
OB US Pelvis Non-OB Complete	Imaging Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.

Well Women Package - Package B

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	1040
Pap Smear	Laboratory Services	
CA 125	Laboratory Services	
OB US Pelvis Non-OB Complete	Imaging Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.



Pre Conception Screening

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	1690
Complete Blood Count Without Differential count, CBC	Laboratory Services	
Glucose- Fasting, FBS	Laboratory Services	
ABO Group	Laboratory Services	
Rh Group	Laboratory Services	
Thyroid Stimulating Hormone, TSH	Laboratory Services	
Free Triiodothyronine, Free T3	Laboratory Services	
Free Thyroxine Free T4	Laboratory Services	
Rubella IgG	Laboratory Services	
Urinalysis, non-automated with microscopy	Laboratory Services	
Pap Smear	Laboratory Services	
OB US Pelvis Non-OB Complete C5	Imaging Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.



Fertility Screening

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	1677
Leutinising Hormone - LH	Laboratory Services	
Follicle Stimulating Hormone, FSH	Laboratory Services	
Anti Mullerian Hormone	Laboratory Services	
Free Triiodothyronine, Free T3	Laboratory Services	
Free Thyroxine Free T4	Laboratory Services	
Thyroid Stimulating Hormone, TSH	Laboratory Services	
OB US Pelvis Non-OB Complete C5	Imaging Services	
TOTAL		

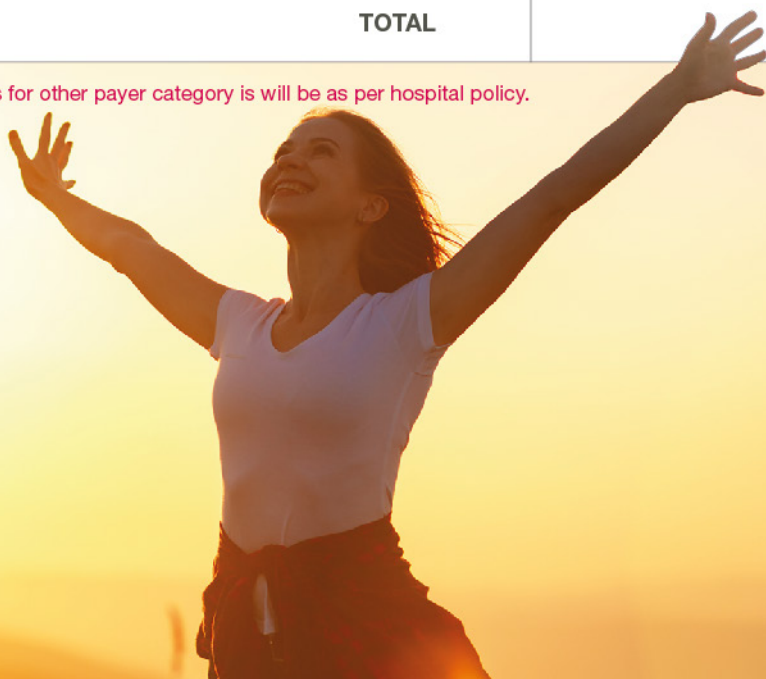
Note: Terms and conditions for other payer category is will be as per hospital policy.



Special Well Women Package- Package A

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	1411
Complete Blood Count Without Differential count, CBC	Laboratory Services	
Erythrocyte Sedimentation Rate, ESR	Laboratory Services	
Glucose- Fasting, FBS	Laboratory Services	
Urinalysis, non-automated with microscopy	Laboratory Services	
Thyroid Stimulating Hormon,TSH	Laboratory Services	
Ca 125	Laboratory Services	
OB US Pelvis Non-OB Complete C5	Imaging Services	
Pap Smear	Laboratory Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.



Special Well Women Package- Package B

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
Consultation	Consultation	2607
Complete Blood Count Without Differential count, CBC	Laboratory Services	
Erythrocyte Sedimentation Rate, ESR	Laboratory Services	
Glucose- Fasting, FBS	Laboratory Services	
Urinalysis, non-automated with microscopy	Laboratory Services	
Stool Analysis (Without Culture)	Laboratory Services	
Ca125	Laboratory Services	
OB US Pelvis Non-OB Complete C5	Imaging Services	
Pap Smear	Laboratory Services	
Thyroid Stimulating Hormone, TSH	Laboratory Services	
OT Bone Density DEXA Axial Skeleton	Imaging Services	
MG Mammography - Bilateral	Imaging Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.

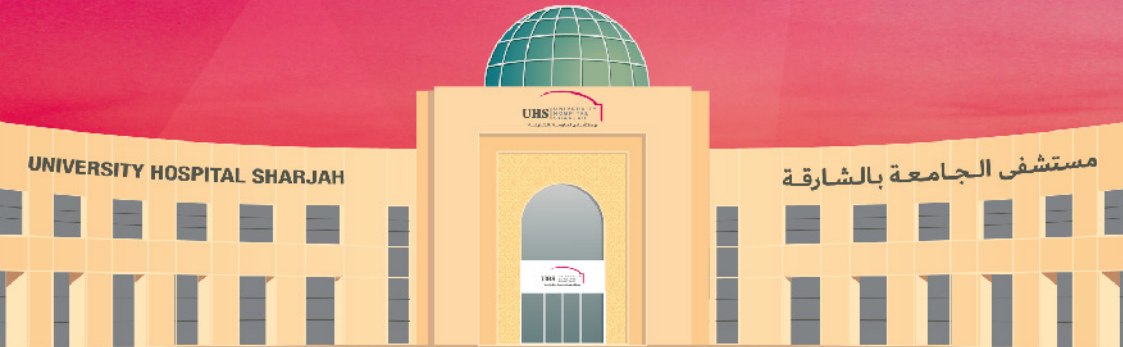
Sexually Transmitted Disease Package

DESCRIPTION	BILLING GROUP	PACKAGE PRICE SELF PAYING
consultation	Consultation	2999
Chlamydia Trachomatic, PCR	Laboratory Services	
TRICHOMONIASIS	Laboratory Services	
Neisseria Gonorrhoeae, PCR	Laboratory Services	
Mycoplasma genitalium	Laboratory Services	
Syphilis Test, Non Treponemal Antibody, Quantitative	Laboratory Services	
Human Immunodeficiency Virus 2/1 Antibody	Laboratory Services	
Hepatitis B Surface Antigen, HBsAg	Laboratory Services	
Pap Smear	Laboratory Services	
US Pelvis Non-OB Complete	Imaging Services	
TOTAL		

Note: Terms and conditions for other payer category is will be as per hospital policy.

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SHARJAH

مستشفى الجامعة بالشارقة



UNIVERSITY HOSPITAL SHARJAH

P.O. Box 72772, University City, Sharjah, UAE, Tel: +971 6 5058555, Fax: +971 6 5058444

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