

APPROVED

Chief Medical Officer  
Specialized Medical Center for Maternity Care,  
State Health Care Institution No.2, Vladimir

\_\_\_\_\_/S.E.Telegin/

**Price list for paid services**  
Additional to the guaranteed amount of free medical care  
as of 01.01.2020

Section	Service code	Service	Price (RUB)
A	<b>03</b>	<b>METHODS OF MEDICAL EXAMINATION REQUIRING SPECIAL APPLIANCES, TECHNIQUES AND ASSISTANCE</b>	
A	03.20.001	Colposcopy	510,00
A	<b>04</b>	<b>REGISTRATION OF SOUND SIGNALS EMITTED OR REFLECTED BY ORGANS OR TISSUES</b>	
A	04.20.001	Ultrasound examination of the uterus and uterine appendages	745,00
A	04.06.001, 04.14.001, 04.14.002 04.15.001	Comprehensive ultrasound examination of abdominal cavity (ultrasound investigation of spleen, liver, gallbladder and pancreas)	1400,00
A	04.22.002, 04.28.001, 04.28.002	Comprehensive ultrasound examination of abdominal cavity (ultrasound investigation of kidneys, liver and adrenal glands)	870,00
A	04.22.001	Ultrasound investigation of thyroid	470,00
A	04.31.001	Fetal ultrasound examination	870,00
A	04.31.001	Doppler ultrasound examination of great vessels in fetus	1400,00
A	04.31.001	Ultrasound cervicometry	550,00
A	04.20.002	Ultrasound examination of the mammary gland	600,00
A	<b>05</b>	<b>REGISTRATION OF ELECTROMAGNETIC SIGNALS EMITTED OR POTENTIATED IN ORGANS AND TISSUES</b>	
A	05.31.001	Fetal cardiotocography	320,00
A	<b>A08</b>	<b>MORPHOLOGICAL EXAMINATION OF TISSUES</b>	
A	08.20.004	Cytological analysis and biopsy of uterine aspirate	600,00

A	08.20.017	Cytological analysis and biopsy of cervical canal	530,00
<b>A</b>	<b>09</b>	<b>ANALYSIS OF BODY FLUIDS</b>	
A	09.05.003	Hemoglobin test	133,00
A	09.05.010	Total protein test	167,00
A	09.05.017	Blood urea nitrogen test	170,00
A	09.05.020	Creatinine blood test	131,00
A	09.05.021	Total bilirubin blood test	152,00
A	09.05.022	Conjugated bilirubin blood test	205,00
A	09.05.023	Blood glucose test	161,00
A	09.05.026	Cholesterol level blood test	153,00
A	09.05.041	Aspartate aminotransferase blood test	135,00
A	09.05.042	Alanine aminotransferase blood test	111,00
A	09.05.107	Thymol and sublimate blood test	97,00
A	09.20.001	Vaginal wet mount test	498,00
A	09.28.001	Microscopic examination of urine sediment	150,00
<b>A</b>	<b>11</b>	<b>SPECIAL METHODS FOR OBTAINING TEST SAMPLES</b>	
A	11.02.002	Intramuscular injection	122,00
A	11.07.011	Administration of medications to pathological periodontal pocket	295,00
A	11.12.003	Intravenous injection	200,00
A	11.12.009	Blood sampling through peripheral venous catheter	100,00
A	11.05.001	Capillary blood sampling	84,00
A	11.20.002	Endometrial biopsy of the uterus	402,00
A	11.20.006	Collection of vaginal smears	167,00
A	11.20.015	Insertion of intrauterine device	467,00
A	11.20.016	Removal of intrauterine device	151,00

<b>A</b>	<b>12</b>	<b>EXAMINATION OF ORGANS AND TISSUES THROUGH SPECIAL PROCEDURES AND DEVICES</b>	
A	12.05.005, 12.05.006	ABO blood group test, Rh factor testing, and phenotyping	952,00
A	12.05.027	Prothrombin time blood test	267,00
A	12.06.029	Syphilis test (RMG and RW)	484,00
A	12.22.004	Fasting plasma glucose test	426,00
		Electrocardiography	357,00
<b>A</b>	<b>16</b>	<b>OPERATIVE TREATMENT</b>	
A	16.07.002	Dental filling procedure	1270,00
A	16.07.010	Pulp extirpation	540,00
A	16.07.022	Removal of supragingival and subgingival calculus deposits	485,00
A	16.07.029	Selective grinding of the tooth surfaces	212,00
A	16.07.034	Root canal treatment and filling	1400,00
A	16.07.061	Dental sealant	220,00
A	16.20.051	Cervix diathermocoagulation	460,00
<b>B</b>	<b>01</b>	<b>MEDICAL DIAGNOSTIC SERVICES</b>	
B	01.001.01	Initial appointment with a gynecologist (examination, consultation)	417,00
B	01.001.02	Follow-up appointment with a gynecologist (examination, consultation)	197,00
B	01.047.01	Initial appointment with a therapist (examination, consultation)	200,00
B	01.065.01	Initial appointment with a dentist (examination, consultation)	194,00
<b>B</b>	<b>03</b>	<b>COMPLEX DIAGNOSTIC PROCEDURES (LABORATORY, FUNCTIONAL, AND INSTRUMENTAL METHODS OF EXAMINATION)</b>	
B	03.005.06	Coagulogram (examination of the hemostasis system)	452,00
B	03.016.02	Complete Blood Count test (CBC)	335,00
B	03.016.03	Complete Blood Count test (detailed)	367,00
B	03.016.06	Urinalysis	206,00

<b>A</b>	<b>26</b>	<b>MICROBIOLOGICAL EXAMINATION OF INFECTIOUS AGENTS</b>	
A	26.06.022	Cytomegalovirus Antibody (IgG and IgM) Test	470,00
A	26.06.045	HSV (Herpes Simplex Virus) Antibody (IgG and IgM) Test	473,00
A	26.06.070	Chlamydia trachomatis (IgG and IgM) Test	475,00
		Birth delivery services and services provided in the post-natal ward (private rooms with the possibility of round-the-clock stay (meals are not included) of a partner (husband, mother, or sister)	19500,00
		Birth delivery services and services provided in the post-natal ward	15000,00
		Services for a bed-day in the Department of Pregnancy Pathology	500,00