REPUBLIC OF LIBERIA



SERVICE DELIVERY CHARTER

for the

JOHN F. KENNEDY MEDICAL CENTER LIBERIA



JANUARY 14, 2025

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LIST OF ACRONYMS

Acrinym	Name
CSO	Civil Society Organization
ENT	Ear, Nose & Throat
GOL	Government of Liberia
INGO	International Non-governmental Organization
JFKMC	John F. Kennedy Medical Center
MRC	Monrovia Rehabilitation Center
PMCS	Performance Management Compliance System
SDC	Service Delivery Charter
TNIMA	Tubman National Institute of Medical Arts

FOREWARD

FOREWARD

Dear Customers,

We are pleased to present to you the Charter of the Jonh F. Kenndy Medical Center for the year 2025. The Service Delivery Charter (SDC) will serve as a guide to the public on the quantity, quality, and conditions of services that we provide. The Charter also provides information about your rights and the channels for which you can report and get redress when your rights are violated.

With this Charter, we are making a commitment to providing our services at the highest possible standards and would do our best to and ensure effective implementation of the Charter. We welcome feedback from the public so that we can continuously improve on these standards and by extension, the quality of our services, for the betterment of the people of Liberia.

The John F. Kennedy Medical Center also recognizes that the delivery of quality services can only be achieved through a motivated professional workforce. We shall, therefore, continue to invest in our staff and retrain them on a continuous basis. By outlining its commitments to you, the JFKMC is seeking to match its quality of services to customers' needs. The JFKMC, therefore looks forward to continuous support from the public as it embarks on implementing this Service Charter.

Chief Executive Grace DICAL CENTER

John F. Kennedy Medical Ceptor: THE CEO/GA

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

A document like this takes the collective effort of numerous stakeholders, tirelessly contributing to the initiation, information gathering processes, document completion, and most importantly, to the effective implementation of this all-important document.

Accordingly, our sincere appreciation goes to the President of the Republic of Liberia, His Excellency, President Joseph N. Boakai Sr., through whose signature initiative, the Performance Management and Compliance System (PMCS), this requirement for service excellence was instituted. Our profound appreciation also goes to the Director General of the Cabinet, Hon. Nathaniel T. Kwabo, and the staff of the Cabinet Secretariat, for their guidance and support with this noble initiative.

The development of this Charter would not have been possible without the vital technical assistance from the Consultant, Mrs. Doris Idahor, at the national level, and None.

None

Our appreciation also goes to Milton B.M. Varmah, Director, Planning & Business Development, Gabriel P. Tarty, Director, Compliance, J. Gonda Tozay, Chief Financial Officer & Telewoda Kennedy, Director, Procurement for their valuable contribution and inputs to the development of this Charter. Your consistent focus and efforts have brought remarkable progress with the successful completion of this project.

Finally, our deepest appreciation goes to our many hardworking and dedicated staff, particularly the frontline employees, who daily represent the JFKMC in interfacing with our valued customers and providing quality services to meet their needs. Your efforts and professionalism will bring to life the spirit of this Service Delivery Charter.

Mrs. Dama Yekenson-Koffa

Deputy Chief Executive Officer

John F. Kennedy Medical Center

1 INTRODUCTION

1.1 Background

The John F. Kennedy Medical Center is an arm of the Government of Liberia (GOL), responsible for:

- 1. Provide specialist care for persons suffering from illnesses, disorders and/or disabilities that require the services and facilities of a specialized hospital;
- 2. Conduct educational activities for the purpose of training health professionals in the various areas of discipline; and to serve as the Teaching Hospital for the University of Liberia;
- 3. Promote and conduct health-related scientific research; and
- 4. Participate, insofar as the circumstance may warrant, in assisting the Ministry of Health to promote community outreach.

This Service Delivery Charter (SDC) for the JFKMC therefore, constitutes a social contract, commitment and agreement between the JFKMC and citizens of Liberia. It sets out our services and responsibilities to continuously improve performance and quality of services to citizens. It enhances and fast tracks the delivery of services to improve the lives of our people. The SDC enables service beneficiaries to understand what they can expect from us, and forms the basis of engagement between JFKMC and citizens.

1.2 Rationale

The rationale for the development of this Service Charter is to guide the delivery of quality services to the people and ensure optimal utilization of limited resources in the shortest time possible. The Charter explains what JFKMC is supposed to provide in terms of services, as well as eligibility conditions for accessing these services. The charter will also serve as a benchmark to assess the **JFKMC's** performance, as defined by our mandate and the GOL's development plan.

The SDC shall allow the JFKMC to:

- Define the services offered by us to the citizens of Liberia
- Outline the service standards that underpin the services offered
- Inventory our commitments towards meeting the general and specify needs of the public.

1.3 Objectives

The objectives of this Service Delivery Charter (SDC) are to establish clear service commitments and enhance the relationship between the **JFKMC** and the citizens of Liberia. This Charter is designed to guide the institution in delivering high-quality, accessible, and responsive services. Specifically, the objectives are to:

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- 1. **Enhance Service Delivery Culture:** Foster a culture of high standards and responsiveness within the institution, ensuring that public services are delivered effectively, efficiently, and professionally.
- 2. Clarify Roles and Responsibilities: Define the responsibilities of both the institution and service users, helping to set clear expectations and promoting accountability on both sides.
- 3. **Promote Accountability and Transparency:** Strengthen accountability by openly stating service standards, timelines, and processes, and by providing mechanisms for feedback and redress when standards are not met.
- 4. **Encourage Continuous Improvement:** Establish a foundation for ongoing improvements to service quality, informed by citizen feedback and periodic reviews of institutional performance.
- 5. **Strengthen Public Trust:** Build and maintain public confidence in the JFKMC by demonstrating commitment to service excellence and addressing public needs with integrity and fairness.
- 6. **Support National Development Goals:** Align institutional service delivery with the Government of Liberia's broader goals for development, good governance, and citizen engagement.
- 7. **Combat Corruption and Promote Ethical Standards:** Reinforce ethical standards in public service, reduce opportunities for corruption, and promote fair and equitable treatment for all citizens.

This Service Delivery Charter serves as a framework to fulfill these objectives, ensuring that the JFKMC operates with transparency, reliability, and a focus on citizen-centered service.

1.4 Scope of Application

This Service Delivery Charter (SDC) applies to all departments, offices, and staff members of the JFKMC, encompassing both central and others levels. It is intended to guide all personnel in delivering consistent, high-quality public services to the citizens of Liberia, aligning with the standards and commitments outlined within this document.

Specifically, this Charter covers:

1. All Service Locations:

 This includes the central office and others component of facility that provide public services on behalf of the JFKMC.

2. All Service Personnel:

o The SDC applies to all staff, from frontline service providers to senior management, who interact with the public or contribute to service delivery.

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3. All Public Services Provided by the Institution:

Each service offered by the **JFKMC** falls under the standards and commitments described in this Charter. It defines expected service levels, timelines, and customer care practices for all public services.

4. Interactions with All Service Users:

 The Charter governs the institution's interactions with all clients, including citizens, foreign residents, businesses, and organizations that seek or utilize services from the Medical Center.

This Charter establishes a unified approach to service delivery across all levels and locations of the JFKMC, ensuring that every citizen receives the same high standard of service, regardless of location or point of contact.

2 WHO WE ARE

The JFKMC is a nation premier institution for tertiary healthcare and center of training for healthcare workforce.

2.1 Vision

The vision of the JFKMC is to serve as Liberia premier medical center in building a strong, viable, and heathy nation.

2.2 Mission

The mission of the JFKMC is to provide tertiary medical care to the people of Liberia comprehensive healthcare services, standard medical training and research.

Through this mission, we aim to address Public Needs with professionalism and dedication.

2.3 Our Core Values are:

Accountability: The center is responsible for what it does (outcomes), and how it does it (principles). Its operates an open process and is responsive to patients and their families.

* Respect: The center affirms that the individuals it serves share common human needs, writes, desire and strengths. It appreciates individual and cultural diversity.

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- ❖ Innovation: The center is committed to a culture that inspires and promotes creativity, foster leadership and learning, and reward creativity
- ❖ **Supportiveness:** the center translates customer focus to mean flexible and individualized response. The supportive, "whatever it takes" culture is felt by staff and patients.
- **Teamwork:** The center practices the belief that in working together, we are always smarter.

3 OUR CUSTOMERS

The JFKMC is committed to serving a wide range of customers who rely on our services for various needs. Our customers include:

1. Citizens of Liberia

 All Liberian citizens, regardless of background, who seek services provided by the JFKMC.

2. Residents and Non-Citizens

 Individuals residing in Liberia who may require access to certain public services offered by the JFKMC.

3. Government Entities

 Other national, regional, and local government agencies, ministries, and commissions that collaborate with or depend on our services for public administration and governance.

4. Businesses and Private Sector Organizations

 Companies, non-profits, and other private sector entities that engage with the JFKMC for permits, licenses, compliance, or other regulatory services.

5. Development Partners and International Organizations

o International organizations, NGOs, and development partners working with the Government of Liberia who depend on our services and information for project planning, implementation, and policy support.

6. Civil Society Organizations (CSOs)

 Advocacy groups, community organizations, and other CSOs that partner with or engage with the JFKMC to support transparency, accountability, and citizen rights.

4 OUR COMMITMENT TO YOU

The JFKMC is dedicated to providing high-quality, efficient, and transparent services to all our customers. We are committed to upholding the following standards to ensure that every interaction is productive, respectful, and responsive to your needs.

4.1 Service Guarantee

Our service guarantee ensures that we will:

- **Listen and Respond to Your Needs:** Actively listen to your questions, concerns, and feedback, and respond promptly.
- **Provide Friendly and Professional Service:** Approach every interaction with courtesy, professionalism, and a focus on helping you achieve your goals.
- **Deliver Accurate and Timely Services:** Strive for precision in all services provided and adhere to published timelines, minimizing delays whenever possible.
- Ensure Confidentiality: Safeguard your personal information and handle all inquiries with the utmost respect for privacy.

4.2 Service Standards

The JFKMC upholds specific standards of service excellence to ensure that our commitments are met consistently. These standards include:

• Timely Responses:

- o Answer phone calls within three rings.
- o Respond to emails and written inquiries within five business days.
- Acknowledge receipt of complaints within 48 hours and provide updates throughout the resolution process.

Professional Conduct:

- Treat every customer with respect, fairness, and dignity.
- o Offer clear, accurate information, avoiding technical jargon to ensure understanding.
- Adhere to best practices in customer service, including follow-ups to confirm satisfaction.

• Accessibility and Inclusivity:

 Make services available to all citizens, including provisions for individuals with disabilities or special needs.

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o Provide information through multiple channels (e.g., online, in person, by phone) to ensure accessibility for all.

• Commitment to Continuous Improvement:

- Regularly review our performance against established standards and adjust services based on customer feedback and new best practices.
- Conduct periodic assessments and seek customer input to refine and improve our services over time.
- Our commitment to you is a promise of quality and reliability. We invite you to hold us accountable to these standards and to share your experiences so that we may continue to improve and serve you better.

5 FEEDBACK AND COMPLAINTS MECHANISM

The JFKMC values your feedback and is committed to addressing any concerns promptly and effectively. Our feedback and complaints mechanism is designed to ensure that every citizen has a voice in improving our services. We welcome both positive feedback and constructive criticism to help us continuously enhance the quality of our service.

5.1 Providing Feedback

We encourage you to share your experiences with us, whether positive or negative, so that we may understand your needs and expectations better. You can provide feedback through the following channels:

- **In-Person:** Visit our customer service desk at any **JFKMC** office, where a representative can assist you in submitting feedback.
- Online Form: Access our online feedback form on our website www.jfkmc.gov.lr to submit your comments, suggestions, or experiences at your convenience.
- Email: Send us an email at info@jfkmc.gov.lr, and we will acknowledge receipt within 48 hours.
- **Suggestion Boxes:** Use suggestion boxes available at all of our service locations to submit anonymous feedback.

5.2 Submitting a Complaint

If our services do not meet your expectations or if you encounter any issues, please feel free to file a complaint. We are committed to addressing all complaints with urgency and transparency.

5.2.1 How to File a Complaint:

• **By Phone:** Call us at **phone number** to speak directly with a representative who will document your complaint and assist you with next steps.

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- Written Complaint: Submit a written complaint by mail or at our service counters, addressed to Director of Human Resource.
- **Complaint Form:** Access and fill out our online complaint form on our website at info@jfkmc.gov.lr.

5.2.2 Complaint Handling Process:

- 1. **Acknowledgment:** We will acknowledge receipt of your complaint within 48 hours.
- 2. **Investigation:** Your complaint will be assigned to the Ethics committee for investigation. We will contact you if additional information is needed.
- 3. **Resolution:** We aim to resolve complaints within 21 working days. If a resolution requires more time, we will provide you with regular updates.
- 4. **Follow-up:** After resolution, we may follow up with you to ensure satisfaction and receive any additional feedback.

5.3 Escalation Process

If you are not satisfied with the initial resolution, you may request an escalation to higher authorities within the **JFKMC**. We are committed to addressing escalated complaints with diligence to ensure a fair outcome.

5.4 Confidentiality and Anti-Retaliation

We handle all complaints and feedback with confidentiality and respect. Your feedback will not affect your access to services or result in any form of retaliation. We are committed to creating a safe environment for citizens to voice their concerns.

This feedback and complaints mechanism enables us to hear from you, respond effectively, and improve our services continuously. We value your input and are dedicated to providing the best possible service to the public.

6 WHERE WE ARE LOCATED

The JFKMC is committed to providing accessible services to all citizens, with multiple locations to serve the public effectively. Below are the main locations, contact information, and operating hours where our services can be accessed.

CENTRAL	PHYSICAL	CONTACT	CONTACT	PHONE	
DEPARTMENTS	LOCATION	PHONE	EMAIL	NUMBER	FOR
				EMERGEN	CY
				CALL	

Memorial Hospital	21st Sinkor	0775841631	info@jfkmc.gov.lr	
Liberian Japanese Friendship Maternity Hospital	21st Sinkor	0886520790	info@jfkmc.gov.lr	
Tubman National Institute of Medical Arts	21 st Sinkor	0886554832	info@jfkmc.gov.lr	
E. S. Grant Mental Hospital	Duport Road, Paynesville	0777646126	info@jfkmc.gov.lr	
KEY	CONTACT ADI	DRESSES AT	REGIONAL LEVEL	,
Regional office at XXX	N/A	N/A	N/A	N/A
Regional office at XXX				
Regional office at XXX	N/A	N/A	N/A	N/A
Regional office at XXX				

7 OVERVIEW OF OUR SERVICES

The **JFKMC** is dedicated to providing a range of services to meet the needs of Liberia's citizens. This section outlines the specific services we offer, including eligibility requirements, timelines, and contact information for each department.

7.1 List of Services, Eligibility Conditions, and Timelines By Department

7.1.1 Department 1 JFK Maternity Hospital OPD

PRICE LIST

	MATERNITY HOSPITAL OPD/ER/ADMISSIONS						
No.	Services Rendered	Service Fees					
		Liberian	Insur.	VIP/Forg			
		US\$	US\$	US\$			
GEN	ENERAL OPD REGISTRATION						
1	Consultation OB with Midwives/Interns (Low Risk)	3.00	4.50	4.50			
2	Consultation OB with Medical Officer/Residents OB (High Risk)	5.00	7.50	7.50			
3	Consultation GYN with Medical Officer/Residents	10.00	15.00	15.00			
4	Consultation OB/GYN with Consultants/Specialist	20.00	30.00	30.00			
EME	RGENCY REGISTRATION						
1	Maternity ER	10.00	15.00	15.00			
2	Daily / ER Stay – Observation Room (Short Stay -6 hours is free)	5.00	7.50	7.50			
PEDI	ATRICS						
1	NICU Initial Deposit	20.00	30.00	30.00			
2	High Care/NICU – Weekly Admission Fee	10.00	15.00	15.00			
WAR	D ADMISSIONS						
1	Initial Deposit	50.00	75.00	75.00			
2	General Admission – OB & GYN Cases Daily Cost	3.00	4.50	4.50			
3	Semi-Private Adm – OB & GYN Cases (Three Beds) Initial	100.00	150.00	150.00			
	Deposit						
4	Semi-Private Adm – OB & GYN Cases (Three Beds) Daily Cost	30.00	40.00	40.00			
5	Private OB & GYN Cases (Martha Johnson) Initial Deposit	150.00	225.00	225.00			
6	Private OB & GYN Cases (Martha Johnson) Daily Cost	50.00	75.00	75.00			
7	Private OB & GYN Cases (VIP) A – Executive (Initial Deposit)	250.00	375.00	375.00			
8	Private OB & GYN Cases (VIP) A – Executive (Daily Cost)	125.00	187.50	187.50			
9	Private OB & GYN Cases (VIP) B – Semi Executive (Initial Deposit)	200.00	300.00	300.00			
10	Private OB & GYN Cases (VIP) B – Semi Executive (Daily Cost)	100.00	150.00	150.00			

PRICE LIST

	MATERNITY HOSPITAL					
No.						
		Liberian	Insur.	VIP/Forg		
		US\$	US\$	US\$		
	ARTMENT OF OBGYN			T		
1	Normal Vaginal Delivery	90.00	135.00	135.00		
	(No induction of Labor) - PACKAGE					
2	Normal Vaginal Delivery (with induction of Labor) - PACKAGE	90.00	135.00	135.00		
3	Vaginal Delivery with Complications	100.00	150.00	150.00		
	(assisted/vacuum/PPH) - PACKAGE					
4	Caesarean Section Elective (Spinal Anesthesia) - PACKAGE	150.00	225.00	225.00		
5	Caesarean Section Emergency (GA)	150.00	225.00	225.00		
	(Obstructed Labor, Eclampsia, placenta Previa, Abruption Placenta) -					
	PACKAGE					
6	Evacuation of uterus (retained placenta) – OB	25.00	37.50	37.50		
7	Evacuation of the uterus (retained placenta) – Patient from other	75.00	112.50	112.50		
	facilities					
8	Therapeutic evacuation of the uterus (Non-Placenta/molar	75.00	112.50	112.50		
_	pregnancy)					
9	Cervical Cerclage	50.00	75.00	75.00		
10	Cervical/Vaginal Laceration Repair (Local)	25.00	37.50	37.50		
11	Bilateral Tubal Ligation (BTL)	75.00	112.50	112.50		
12	Bilateral Tubal Ligation during CS	25.00	37.50	37.50		
13	Vesicostony	50.00	75.00	75.00		
	ECOLOGICAL PROCEDURES	T =	T	T		
1	Bartholins Cyst (Marsupialisation)	75.00	112.50	112.50		
2	Vaginal Warts Excision (Cauterization)	50.00	75.00	75.00		
3	Registration Fees for GYN Patients (Attended to by Resident Doctors)	5.00	7.50	7.500		
4	Registration Fees for GYN Patients (Seeing by Specialist Doctors)	10.00	15.00	15.00		
5	Myomectomy-Small Size (Uterine Fibroids)	200.00	300.00	300.00		
6	Myomectomy-Large Size (Uterine Fibroids)	250.00	375.00	375.00		
7	Tubal Surgery (Ectopic Pregnancy)	100.00	150.00	150.00		
8	Excision of Caruncle	75.00	112.50	112.50		
9	Ovarian Cystectomy (Ovarian Cyst)	125.00	187.50	187.50		
10	Abdominal Hysterectomy (Fibroids, Adenomyosis, Uterine Cancer)	250.00	375.00	375.00		
11	Abdominal Hysterectomy and Pelvic Lymph Nodes Dissection	350.00	525.00	525.00		
	(Cervical Cancer, Ovarian Cancer)					
12	Vaginal Hysterectomy	350.00	525.00	525.00		

PRICE LIST

	MATERNITY HOSPITAL						
No.	Services Rendered	Se	Service Fees				
		Liberian US\$	Insur US\$	VIP/Forg US\$			
GYN	ECOLOGICAL PROCEDURES CONTINUES						
13	Pelvic Exploration/Laparotomy (Pelvic Abscess, Uterine Perforation)	250.00	375.00	375.00			
14	Pelvic Exploration/Laparotomy (Pelvic Abscess, Uterine Perforation) - Relook	75.00	112.50	112.50			
15	Vaginal Dilatation	75.00	112.50	112.50			
16	VVF Repair	200.00	300.00	300.00			
17	Secondary Wound Closure (local)	25.00	37.50	37.50			
18	Secondary Wound Closure (Spinal)	50.00	75.00	75.00			
19	Wound Debridement	25.00	37.50	37.50			
20	Incision & Drainage	25.00	37.50	37.50			
21	Examination Under Anesthesia (EUA)	50.00	75.00	75.00			
22	Therapeutic Termination of Pregnancy (TOP) (Spinal/GA)	150.00	225.00	225.00			
23	ER Registration	10.00	15.00	15.00			
OXY	GEN SERVICE ACROSS ALL CENTERS						
1	OB, GYN, ICU (Per Hour)	0.50	0.75	0.75			
2	Observation Room (Per Hour)	0.50	0.75	0.75			
3	NICU & PEDS (Zero to One Week)	10.00	15.00	15.00			
AMB	AMBULANCE SERVICE/ACROSS ALL CENTERS						
1	Ambulance Fees (From Maternity to Memorial) JFK Patient	00.00	00.00	00.00			
2	Ambulance Fees (From Grant to JFKMC) JFK Patient	10.00	15.00	15.00			
3	Ambulance Fees in Monrovia	25.00	37.50	37.50			
4	Ambulance Fees (Airport or Outside Monrovia)	50.00	75.00	75.00			

7.1.2 Department Two: JFK Memorial Hospital

PRICE LIST

	MEMORIAL HOSPITAL OPD/ER/TRAUMA/ICU/PEDS/ADMISSIONS						
No.							
		Liberian	Insurn	VIP/Forg			
		US\$	US\$	US\$			
GEN	ERAL OPD REGISTRATION						
1	Consultation with PA	3.00	4.50	4.50			
2	Consultation with Medical Officer/Residents	10.00	15.00	15.00			
3	Consultation with Consultants/Specialists	20.00	30.00	30.00			
PEDS	S OPD REGISTRATION						
1	Ages 0 – 4 (Under 5 yrs.)	1	1.50	1.50			
2	Ages 5 – 14 yrs.	1.50	2.00	2.00			
MED	ICAL EMERGENCY REGISTRATION AND ADMISSION						
1	ER – Medical Registration	10.00	15.00	15.00			
2	ER – Medical Initial Deposit for Admission	50.00	75.00	75.00			
3	Medical ER Daily Stay (Short Stay -6 hours is free)	5.00	7.50	7.50			
5	Medical ER Semi Private Daily Admission Fee	40.00	60.00	60.00			
MED	ICAL EMERGENCY REGISTRATION PEDS						
1	PEDS Ages 0 – 4 (Under 5 yrs.)	2.00	3.00	3.00			
2	PEDS Ages 5 – 14 yrs.	5.00	7.50	7.50			
3	PEDS ER Medical Initial Deposit for Admission	15.00	22.5	22.5			
4	PEDS Daily Stay (Short Stay -6 hours is free)	2.00	3.00	3.00			
TRA	UMA/SURGICAL REGISTRATION & ADMISSION						
1	Trauma Registration (Adults)	10.00	15.00	15.00			
2	Trauma Registration (Children)	5.00	7.50	7.50			
3	Initial Deposit – Old Trauma for Admission	50.00	75.00	75.00			
4	Daily/ Stay Admission Fee - Old Trauma (Short Stay -6 hours is free)	5.00	7.50	7.50			
5	Initial Deposit New Trauma for Admission (Adults)	100.00	150.00	150.00			
6	Initial Deposit New Trauma for Admission (Children)	50.00	75.00	75.00			
7	Daily/Short Stay New Trauma (Adults)	10.00	15.00	15.00			
8	Daily/Short Stay New Trauma (Children)	5.00	7.50	7.50			
9	New Trauma – Semi Private Daily/Short Stay Admission Fee	50.00	75.00	75.00			
10	New Trauma – Private Daily/Short Stay Admission Fee	100.00	150.00	150.00			
11	ICU Initial Deposit (Adults)	500.00	750.00	750.00			
12	ICU Daily Cost (Adults)	75.00	112.50	112.50			

	MEMORIAL HOSPITAL OPD/ER/TRAUMA/ICU/PEDS/ADMISSIONS					
No.	Services Rendered	Service Fees				
		Liberian	Insur.	VIP/Forg		
		US\$	US\$	US\$		
	UMA/SURGICAL REGISTRATION & ADMISSION CONTINUES		1			
13	ICU Initial Deposit (Children)	250.00	375.00	375.00		
14	ICU Daily Stay (Daily Stay Children)	50.00	75.00	75.00		
	RD ADMISSIONS					
	LT WARD	10000	1.50.00	1.70.00		
1	General Ward Admission – Medical (Initial Deposit)	100.00	150.00	150.00		
2	General Ward Admission – Surgical (Initial Deposit)	100.00	150.00	150.00		
3	Daily Stay Medical Ward	3.00	4.50	4.50		
4	Daily Stay Surgical Ward	3.00	4.50	4.50		
5	High Dependency Care (Daily)	10.00	15.00	15.00		
6	Semi Private Room without Bathroom (Daily)	15.00	22.50	22.50		
7	Semi Private Room Two Beds with Bathroom (Daily)	25.00	37.50	37.50		
8	Private Room (Daily)	75.00	112.50	112.50		
9	Semi Private Room without Bathroom – Surg. Ward (Daily)	15.00	22.50	22.50		
10	Semi Private Room with Bathroom – Surg. Ward (Daily)	25.00	37.50	37.50		
11	Semi Private Room with Bathroom – Med. Ward (Daily)	25.00	37.50	37.50		
PEDI	IATRIC WARD					
1	General Ward Admission – Medical (Initial Deposit)	25.00	37.50	37.50		
2	General Ward Admission – Surgical (Initial Deposit)	25.00	37.50	37.50		
3	Daily Hospital Stay both Medical & Surgical Wards (excluding	1.00	1.50	1.50		
	medication)					
4	NICU Initial Deposit	25.00	37.50	37.50		
5	High Care/NICU/Weekly Cost	10.00	15.00	15.00		
OXY	GEN SERVICE/ACROSS ALL CENTERS		T			
1	General Wards, Medical, Surgical (Per Hour) – cylinder	1.00	1.50	1.50		
2	General Wards, Medical, Surgical (Per Hour) – concentrator	0.25	0.50	0.50		
3	ER Medical/Trauma (Per Hour) – Cylinder	1.00	1.50	1.50		
4	ER Medical/Trauma (Per Hour) – Concentrator	0.25	0.50	0.50		
5	NICU & PEDS (Per Week)	10.00	15.00	15.00		
6	ICU/CCU (Per Hour) – Cylinder	1.00	1.00	1.00		
7	ICU/CCU (Per Hour) – Concentrator	0.25	0.50	0.50		
AMB	ULANCE SERVICE/ACROSS ALL CENTERS					
1	Ambulance Fees (JFKMC Patient to other hospitals within Monrovia)	10.00	15.00	15.00		
2	Ambulance Fees within Monrovia (Duala, Paynesville, Somalia drive)	30.00	40.00	40.00		
3	Ambulance Fees (Outside Monrovia)	75.00	112.50	112.50		
4	Ambulance Fees (Margibi, Bomi and Grand Bassa)	100.00	150.00	150.00		

7.1.3 Depart three: E.S. Grant Mental Hospital

	E. S. GRANT MENTAL HOSPITAL OPD/ER/ADMISSIONS						
No.	Services Rendered		Service Fees				
		Liberian	Insurn	VIP/Forg			
		US\$	US\$	US\$			
GEN	ERAL OPD REGISTRATION						
1	Consultation with Mental Health Clinician (Refill)	1.00	1.50	1.50			
2	Counseling (Substance User for four weeks)	20.00	30.00	30.00			
3	Consultation with Medical Officer/Residents	5.00	7.50	7.50			
4	Consultation with Medical Officer/Residents (ER)	7.00	10.50	10.50			
5	Private Clinic Consultation- Medical Officer/Residents	10.00	15.00	15.00			
6	Consultation with Consultants/Specialist (Regular)	20.00	30.00	30.00			
7	Private Clinic Consultation with Consultants/Specialist	30.00	40.00	40.00			
PEDI	ATRICS						
1	OPD Registration (Under Five)	0.00					
2	Pediatrics ER Registration (Under Five)	0.00					
3	Pediatrics ER Registration – 5yrs – 14yrs	3.00	4.50	4.50			
4	OPD Registration – 5yrs. – 14yrs	2.00	3.00	3.00			
WAR	RD ADMISSIONS	·					
ADU	LT WARD						
1	Initial Deposit	100.00	150.00	150.00			
2	Initial Deposit (Substance Users)	100.00	150.00	150.00			
3	Admission – Substance Abuse (Per Week)	5.00	7.50	7.50			
4	General Ward Other Conditions (Per Week)	5.00	7.50	7.50			
5	Female Semi Private Daily Admission Fee	5.00	7.50	7.50			
6	Repatriation deposit (Refundable on Pickup)	25.00	37.50	37.50			
	Procedures						
1	Electroencephalogram (EEG)	15.00	22.50	22.50			
2	Electroconvulsive Therapy						
3	Medical Report	10.00	15.00	15.00			
4	Ambulance Fee	75.00	112.50	112.50			
5	Ambulance Fees (within JFKMC)	5.00	7.50	7.50			
6	Ambulance Fees (outside of JFKMC)	25.00	37.50	37.50			
7	Ambulance Fees (Airport or Outside Monrovia)	50.00	75.00	75.00			
8	Ambulance Fees Substance User	3.00	4.50	4.50			
9	Ambulance Fees in Monrovia	25.00	37.50	37.50			

7.1.4 Department Four: Tubman National Institute of Medical Arts

	TUBMAN NATIONAL INSTITUTE OF NATIONAL ARTS (TNIMA)						
No.	Services Rendered	Fees for Liberian		Fees for	r Foreigner		
		US\$	L\$	US\$	L\$		
SER	VICE FEES						
1	Entrance Fee	25.00		37.50			
2	Information Brochure	5.00		7.50			
3	Registration Fee		1,000		1500.00		
4	Activities Fee		1,000		1500.00		
5	Breakage/Maintenance Fee		2,000		3000.00		
6	Library Fee		2,200		3300.00		
7	Computer Laboratory Fee	25.00		37.50			
8	Simulation Center/Practicum Laboratory Fee	20.00		30.00			
9	School Development Fees	15.00		22.50			
10	ID Cards Fee per level	5.00		7.50			
11	Physical examination (includes all relevant tests)	55.00		82.50			
12	Local Transcript	25.00		37.50			
13	Foreign Transcript	50.00		75.00			
14	Certified Graduate Foreign Nurses Status (CGFNS) Form	20.00		30.00			

	MEDICAL CERTIFICATES					
No.	Services Rendered	S	Service Fees			
		Liberian	Insur.	VIP/Forg		
		US\$	US\$	US\$		
SER	VICE FEES					
1	Local School Medical Certificate (Routine Labs & X-rays included)	50.00	75.00	75.00		
2	Local School Medical Certificate (Labs & X-rays included) 0 – 14yrs	20.00	30.00	30.00		
3	Travel Medical Certificate	70.00	105.00	105.00		
4	China Medical Certificate (labs & x-ray) – Long Stay	174.00	261.00	261.00		
5	China Medical Certificate (labs & x-ray) – Short Stay	66.00	99.00	99.00		
6	Marriage Medical Certificate (to include labs & x-ray)	50.00	75.00	75.00		
7	Employment Medical Certificate	50.00	75.00	75.00		
8	Summary Medical Report-Liberian	5.00	7.50	7.50		
9	Medical Reports Adult	20.00	30.00	30.00		
10	Medical Reports PED	10.00	15.00	15.00		
11	Correction of Name request for Medical Records	20.00	30.00	30.00		
12	Correction of Name request for Death Certificate	20.00	30.00	30.00		

7.1.5 Department Five: Laboratory Services

	LABORATORY	SERVICES		
No.	Types of Laboratory Services Rendered		Service Fees	
		Liberian US\$	Insur./Outsider US\$	VIP/Forg US\$
CAR	DIOLOGY	·		
1	High Sensitive Troponin	30.00	45.00	45.00
2	Troponin Ultra	30.00	45.00	45.00
3	Myoglobin	30.00	45.00	45.00
4	LDH	10.00	15.00	15.00
5	CK-MB	20.00	30.00	30.00
IMN	IUNOCHEMISTRY			
1	TSH3	25.00	37.50	37.50
2	TSH	25.00	37.50	37.50
3	T4	25.00	37.50	37.50
4	T3	25.00	37.50	37.50
REP	RODUCTION / FERTILITY			
1	FSH	25.00	37.50	37.50
2	LH	25.00	37.50	37.50
3	BHCG	25.00	37.50	37.50
4	Progesterone	25.00	37.50	37.50
5	Testosterone II	25.00	37.50	37.50
TUN	IOUR MARKERS			
1	TPSA	35.00	52.50	52.50
2	FPSA	35.00	52.50	52.50
3	AFP	35.00	52.50	52.50
4	CA 15-3	35.00	52.50	52.50
5	CA 19-9	35.00	52.50	52.50
6	CA 125	35.00	52.50	52.50
HEP	ATITIS			
1	ANTI-HCV	25.00	37.50	37.50
2	ANTI-HEV IgM	25.00	37.50	37.50
3	ANTI-HBC TOTAL II	25.00	37.50	37.50
4	HBCIGM II	25.00	37.50	37.50
5	ANTI-HBE	25.00	37.50	37.50
6	HBSAG ULTRA	25.00	37.50	37.50
	IERS			
1	D-Dimer Exclusion II	30.00	45.00	45.00
2	H. Pylori IgG	25.00	37.50	37.50
3	Salmonella IgG	25.00	37.50	37.50
4	Semen Analysis	20.00	30.00	30.00
5	Peripheral Blood Smear	8.00	12.00	12.00
6	PAP Smear	10.00	15.00	15.00
				13.00
7	FNAC	10.00	15.00	

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No.	LABORATORY SERVICES CO Types of Laboratory Services Rendered	Service Fees			
		Liberian US\$	Insur./Outsider US\$	VIP/Forg US\$	
8	HPV	10.00	15.00	15.00	
9	EKG	15.00	22.50	22.50	
Wet (Chemistry Test (Selectra Pros)			•	
1	Liver Function Tests (LFTS)	36.00	54.00	54.00	
2	Kidney Function Tests (KFTS)	36.00	54.00	54.00	
3	Lipids Profile	25.00	37.50	37.50	
4	Electrolytes Analysis	25.00	37.50	37.50	
5	Alkaline Phosphatase	10.00	15.00	15.00	
6	Albumin	10.00	15.00	15.00	
7	ALT	10.00	15.00	15.00	
8	AST	10.00	15.00	15.00	
9	Amylase	10.00	15.00	15.00	
10	Direct Bilirubin	10.00	15.00	15.00	
11	Total Bilirubin	10.00	15.00	15.00	
12	Total Cholesterol	10.00	15.00	15.00	
13	Calcium	10.00	15.00	15.00	
14	CK-MB	20.00	30.00	30.00	
15	CK-NAC	20.00	30.00	30.00	
16	Creatinine	10.00	15.00	15.00	
17	Gamma GT (GGT)	10.00	15.00	15.00	
18	Glucose	10.00	15.00	15.00	
19	HDL Cholesterol	10.00	15.00	15.00	
20	LDH	10.00	15.00	15.00	
21	LDL Cholesterol	10.00	15.00	15.00	
22	Phosphorus	10.00	15.00	15.00	
23	Total Protein	10.00	15.00	15.00	
24	Lipase	10.00	15.00	15.00	
25	Triglyceride	10.00	15.00	15.00	
26	Urea (BUN)	10.00	15.00	15.00	
27	Uric Acid	10.00	15.00	15.00	
28	HbA1c	25.00	37.50	37.50	
29	C-Reactive Protein (CRP)	20.00	30.00	30.00	
30	Rheumatoid Factor (RF)	20.00	30.00	30.00	
31	LDH	10.00	15.00	15.00	
	Panel (Dry Chemistry Test – ER & VIP)	•		•	
1	Liver Panel – 9 Tests (ALB, ALT, ALP, AST, DBIL, GGT, GLU, TBIL, TP, A/G#, GLDB# & IBIL#)	40.00	60.00	60.00	

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	LABORATORY SERVICES COM	NTINUES		
No.	Types of Laboratory Services Rendered		Service Fees	
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$
2	Metabolic Panel – 13 Tests (ALB, ALT, AST, BUN, CA, CI, CRSC, GLU, K, Na, Phos, TP, UA, ALG#, EGRF & GLOB#)	45.00	67.50	67.50
3	Renal Panel – 10 Tests (ALB, BUN, CA, CI, CPK, DRSC, GLU, K, Na, Phos & EGFR#)	40.00	60.00	60.00
4	LIPID Panel – 6 Tests (CHOL, GLU, HDL, TG, LDL & VLDL#)	35.00	52.50	52.50
5	Electrolyte Panel (Na, K, CI, Ca, Phos, Mg & CO2	40.00	60.00	60.00
6	General Biochemistry Panel (ALB, ALP, ALT, AST, BUN, Crea, GGT, GLU, TBIL, TC, TP, UA, A/G# & GLOB#)	45.00	67.50	67.50
Hem	atology/Immuno - Hematology			_
1	CBC	8.00	12.00	12.00
2	HGB	2.00	3.00	3.00
3	ESR	5.00	7.50	7.50
4	Malaria	1.00	1.50	1.50
5	H. Pylori	12.00	18.00	18.00
Serol	logy/Immunology			
1	PRP (Syphilis)	10.00	15.00	15.00
2	VRDL	10.00	15.00	15.00
3	HCV	10.00	15.00	15.00
4	Widal (Typhoid)	5.00	7.50	7.50
5	HBG	2.00	3.00	3.00
6	CD4	Free		
7	Blood Grouping	2.00	3.00	3.00
8	Types & Crossmatch	15.00	22.50	22.50
9	FBS/RBS	5.00	7.50	7.50
Coag	gulation Activities			
1	PT	10.00	15.00	15.00
2	APTT	10.00	15.00	15.00
3	AFP	30.00	45.00	45.00
4	Bleeding Time	2.00	3.00	3.00
5	Clotting Time	2.00	3.00	3.00
Othe	rs			
1	Urinalysis U/A	1.00	1.50	1.50
2	Pregnancy Test	1.00	1.50	1.50

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3	Stool	0.50	1.00	1.00
_	51001	0.00	1.00	1.00

	LABORATORY SERVICES CONTINUES					
No.	Types of Laboratory Services Rendered	Service Fees				
		Liberian US\$	VIP/Forg US\$			
4	Occult Blood	5.00	7.50	7.50		
5	Skin Snip	3.00	4.50	4.50		
6	Skin (KOH) Craping	3.00	4.50	4.50		
7	CORT	20.00	30.00	30.00		
8	Erythropoietin (EPO)	20.00	30.00	30.00		
9	ANA	15.00	22.50	22.50		

7.1.6 Department six: Dental Services

	DEPARTMENT OF DENTA	L SERVICES		
No.	Services Rendered		Service Fees	
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$
SER	VICES			
1	Oral examination	5.00	7.50	7.50
2	Intra Apical X-ray	5.00	7.50	7.50
3	Bite Wing X-Ray	10.00	15.00	15.00
4	Panoramic View X-ray	20.00	30.00	30.00
5	Prophylaxis - Child	25.00	37.50	37.50
6	Prophylaxis - Adult	40.00	60.00	60.00
7	Sealants	15.00	22.50	22.50
PER	ODONTICS			
1	Full mouth Debridement	50.00	75.00	75.00
2	Scaling Root Planning-quadrant	40.00	60.00	60.00
3	Scaling with ultrasound	65.00	97.50	97.50
REST	TORATIONS			
1	Temporary Fillings-Zoe-IRM (Per Tooth)	20.00	30.00	30.00
2	Composite filling (Per Tooth)	40.00	60.00	60.00
3	Composite-one surface (Per Tooth)	40.00	60.00	60.00
4	Composite several surfaces (Per Tooth)	40.00	60.00	60.00
5	Composite Crown (Per Tooth)	100.00	150.00	150.00
6	Stainless steel Crown (Per Tooth)	130.00	195.00	195.00
7	Cementation Crown (Per Tooth)	20.00	30.00	30.00
8	Cementation of Bride	35.00	52.50	52.50
9	Amalgam	25.00	37.50	37.50
10	Amalgam—several surfaces	40.00	60.00	60.00
END	ODONTICS	1	<u> </u>	1

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1	Pulpotomy—Root canal Therapy	20.00	30.00	30.00
2	Pulpotomy (Per Tooth)	30.00	45.00	45.00
3	Root Canal Anterior Teeth (Per Tooth)	50.00	75.00	75.00
4	Root Canal Posterior Teeth (Per Tooth)	70.00	105.00	105.00

	DEPARTMENT OF DENTAL SI	ERVICES CONTI	NUES	
No.	Services Rendered		Service Fees	
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$
ORA	L SURGERY			
1	Extraction-one tooth (Per Tooth)	10.00	15.00	15.00
2	Extraction-one posterior tooth (Per Tooth)	20.00	30.00	30.00
Max	illofacial Surgery			
1	Surgical Extraction (suture used) - (Per Tooth)	30.00	45.00	45.00
2	Odontectomy (Per Tooth)	30.00	45.00	45.00
3	Intermaxillary fixation	250.00	375.00	375.00
4	Single arch bar fixation	125.00	187.50	187.50
5	Manual reduction of TMJ dislocation	30.00	45.00	45.00
6	Nasal bone reduction	50.00	75.00	75.00
7	Abscess drain under local anesthesia	40.00	60.00	60.00
8	Zygomatic maxillar complex reduction	75.00	112.50	112.50
9	Incisional biopsy	20.00	30.00	30.00
10	Minor oral surgical procedure	80.00	120.00	120.00
11	Incision and drainage	20.00	30.00	30.00
12	Intra bony cyst enucleation and curettage	100.00	150.00	150.00
13	Salivary gland excision	120.00	180.00	180.00
14	Soft tissue cyst/tumor excision	120.00	180.00	180.00
15	ORIF (open reduction and internal fixation)	250.00	375.00	375.00
16	Maxillectomy	200.00	300.00	300.00
17	Gap arthtoplasty for TMJ ankyloses	250.00	375.00	375.00
18	Mandiblectomy without reconstruction	175.00	262.50	262.50
19	Mandiblectomy with reconstruction plate	225.00	337.50	337.50
20	Teeth whitening	125.00	187.50	187.50
21	Gingival flap surgery	80.00	120.00	120.00
22	Crown lengthening	50.00	75.00	75.00
23	Guided tissue regeneration	100.00	150.00	150.00
24	Partial one tooth flipper	75.00	112.50	112.50
25	Full mouth denture	300.00	450.00	450.00
AMA	LGAM FILLINGS			
1	Impaction-Bony	30.00	45.00	45.00
2	Impaction—soft Tissue	30.00	450.00	450.00
3	Fracture Simple	200.00	300.00	300.00
4	Fracture—Compound / multiple	400.00	600.00	600.00

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5 Fracture—Alveolar 50.00	75.00	75.00
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	DEPARTMENT OF DENTAL SERVICES CONTINUES						
No.	Services Rendered	Service Fees					
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$			
CON	IPOSITE FILLING						
1	Minor surgical intervention	50.00	75.00	75.00			
2	Major surgical intervention	100.00	150.00	150.00			
3	Incision & Drainage	15.00	22.50	22.50			
PRO	STHESIS	•					
1	Partial—one tooth flipper	75.00	112.50	112.50			
2	Dental Flipper (2nd tooth)	20.00	30.00	30.00			
3	Additional tooth (up to 4 teeth)	20.00	30.00	30.00			
4	Full Mouth Denture	20.00	30.00	30.00			
5	Denture with Clasp	20.00	30.00	30.00			
6	Partial Acrylic with Clasp	175.00	262.50	262.50			
7	Full Mouth Upper / Lower	200.00	300.00	300.00			

7.1.7 Department Seven: Imaging Services

	IMAGING JFK ME	DICAL C	ENTER (CONTINU	JES		
No	Services Rendered			Serv	ice Fees		
•		Libe	erian	Insur/	Outsider	VI	P/Forg
		Single	Double	Single	Double	Single	Double
		View	View	View	View	View	View
V D	AYS TYPES	US\$	US\$	US\$	US\$	US\$	US\$
		15.00		22.50		22.50	
2	Abdominal x-ray (KUB) Erect abdominal x-ray	15.00	20.00	22.50	20.00	22.50	20.00
3	<u> </u>	15.00	20.00	22.50	30.00	22.50	30.00
	Barium meal (Upper GI Series)	75.00		122.50		122.50	
5	Barium Swallow/Esophagus Barium enema /Lower GI	75.00 75.00	80	122.50 122.50	120.00	122.50 122.50	120.00
6		_			120.00		120.00
7	Small Bowel Series	75.00 75.00	75.00	122.50	122.50	122.50	122.50
8	Barium Follow Through HSG (hysterosalpingography)	60.00		122.50	122.50	122.50	122.50
9	Cystourethrography	75.00		122.50	122.50	122.50	122.50
10	Urethrogram	75.00		122.50	122.50	122.50	122.50
BONE X-RAY							
1	Chest x-ray	20.00	30.00	30.00	45.00	30.00	45.00
2	Dental x-ray (dental department)	15.00	25.00	22.50	37.50	22.50	37.50
	CREMITY X-RAY	13.00	23.00	22.30	31.30	22.30	37.30
1	Radius & Ulna	15.00	25.00	22.50	37.50	22.50	37.50
2	Humerus	15.00	25.00	22.50	37.50	22.50	37.50
3	Femur	20.00	30.00	30.00	45.00	30.00	45.00
4	Tibia and Fibula	20.00	30.00	30.00	45.00	30.00	45.00
5	Pelvis –(both hips)	20.00	25.00	30.00	37.50	30.00	37.50
6	Intravenous urogram / IVP	75.00	80.00	122.50	120.00	122.50	120.00
7	Hand, fingers	15.00	20.00	22.50	30.00	22.50	30.00
	Baby Gram/ Skeletal survey/ invertogram	15.00	20.00	22.50		22.50	
8	· · ·				30.00		30.00
9	Foot, toes,	15.00	20.00	22.50	30.00	22.50	30.00
	NE X-RAYS (AP & LATERAL)	25.00	20.00	27.50	45.00	27.50	45.00
1	Cervical Spine / soft tissue (neck) Plus 5.00 if three-views are requested	25.00	30.00	37.50	45.00	37.50	45.00
2	Thoracic Spine	25.00	30.00	37.50	45.00	37.50	45.00
3	Thoracolumbar Spine	25.00	30.00	37.50	45.00	37.50	45.00
	^	25.00	30.00	37.50		37.50	
4	Lumbar Spine				45.00		45.00
5	Lumbosacral Spine	25.00	30.00	37.50	45.00	37.50	45.00
6	Sacral / coccyx Spine	25.00	30.00	37.50	45.00	37.50	45.00

	IMAGING JFK MEDICAL CENTER CONTINUES						
No	Services Rendered	Service Fees					
•		Libe	rian	Insur	/Outside	er V	VIP/Forg
		Single View US\$	Doubl e View US\$	Single View US\$	Doubl e View US\$	Single View US\$	Double View US\$
JOI	NT X-RAYS		ОБФ		ОБФ		
1	Elbow Joint	15.00	20.00	22.50	30.00	22.50	30.00
2	Knee Joint	15.00	20.00	22.50	30.00	22.50	30.00
3	Ankle Joint	15.00	20.00	22.50	30.00	22.50	30.00
4	Shoulder Joint	15.00	20.00	22.50	30.00	22.50	30.00
5	Waist Joint	15.00	20.00	22.50	30.00	22.50	30.00
6	Hip Joint	15.00	20.00	22.50	30.00	22.50	30.00
7	Skull x-ray / Head	15.00	20.00	22.50	30.00	22.50	30.00
8	Sinus x-ray	15.00	20.00	22.50	30.00	22.50	30.00
9	Para-nasal sinuses	25.00	30.00	37.50	45.00	37.50	45.00
10	Facial bones (Mandibular /Maxillary bones)	25.00	30.00	37.50	45.00	37.50	45.00
1	Bony Pelvic	75.00		112.50		112.50	
2	Bony Pelvic (0 – 14 years)	50.00		75.00		75.00	
3	Chemotherapy	25.00		37.50		37.50	
4	Chemotherapy $(0 - 14 \text{ years})$	15.00		22.50		22.50	
5	Colonoscopy	100.00		150.00		150.00	
6	Colonoscopy (0 – 14 years)	75.00		122.50		122.50	
7	Endoscopy—EGD	75.00		122.50		122.50	
8	Endoscopy—EGD (0 – 14 years)	50.00		75.00		75.00	

	IMAGING JFK MEDICAL	CENTER CON	TINUES	
No	Services Rendered		Service Fees	
•		Liberian	Liberian	Liberian
		US\$	US\$	US\$
ULT	RASOUND SCAN	-		
1	Abdominal Ultrasound (alone)	20.00	30.00	30.00
2	Pelvic Ultrasound (alone) fibroids, bladder	25.00	37.50	37.50
3	Abdominal & Pelvic (combined)	30.00	45.00	45.00
4	Breast Scan	20.00	30.00	30.00
5	Thyroid Scan	20.00	30.00	30.00
6	Scrotal scan	20.00	30.00	30.00
7	MSK	20.00	30.00	30.00
8	Transvaginal scan	20.00	30.00	30.00
9	Renal Doppler Ultrasound scan	25.00	37.50	37.50
10	Vascular/ Doppler Ultrasound scan	25.00	37.50	37.50
11	Echocardiography	50.00	75.00	75.00
12	Obstetric Ultrasound scan	20.00	30.00	30.00
13	Obstetric ultrasound Scan for congenital	25.00	37.50	37.50
	malformation / umbilical artery			
14	Cardiac Ultrasound Scan	50.00	75.00	75.00
15	Cardiac Ultrasound Scan (PEDs)	25.00	37.50	37.50
16	Thoracic Scan	25.00	37.50	37.50
17	Referral (outside) X-rays readings / reports	15.00	22.50	22.50
18	Referral (outside) CT scan reading / report	30.00	45.00	45.00
19	Referral (outside) MRI CD reading/report	50.00	75.00	75.00

	IMAGING JFK MED	ICAL CEN	TER CO				
No	Services Rendered			Servio	e Fees		
•					VIP/	Forg	
		Single	Doub	Single	Doub	Single	Double
		View	View	View	View	View	View
		US\$	US\$	US\$	US\$	US\$	US\$
CT	Scan		1	1	ı	1	1
1	Brain without Contrast	75.00		112.50		112.50	
2	Brain without Contrast (0 – 14 years)	50.00		75.00		75.00	
3	Facial/Orbital CT/Neck CT	75.00		112.50		112.50	
4	Facial/Orbital CT/Neck CT (0 – 14	50.00		75.00		75.00	
	years)						
5	Brain/Facial/Orbital with Contrast	150.00		225.00		225.00	
6	Brain/Facial/Orbital with Contrast (0 –	100.00		150.00		150.00	
	14 years)						
7	Neck CT with Contrast	150.00		225.00		225.00	
8	Neck CT with Contrast (0 – 14 years)	100.00		150.00		150.00	
9	Chest CT without Contrast	80.00		120.00		120.00	
10	Chest CT without Contrast (0 – 14 years)	50.00		75.00		75.00	
11	Chest CT with Contrast	150.00		225.00		225.00	
12	Chest CT with Contrast (0 – 14 years)	100.00		150.00		150.00	
13	Carotid CT Angiography	150.00		225.00		225.00	
14	Carotid CT Angiography (0 – 14 years)	100.00		150.00		150.00	
15	Chest CT PTE	160.00		240.00		240.00	
16	Chest CT PTE (0 – 14 years)	120.00		180.00		180.00	
17	CT Urography	150.00		225.00		225.00	
18	CT Urography (0 – 14 years)	100.00		150.00		150.00	
19	CT of Extremities	75.00		112.50		112.50	
20	CT of Extremities (0 – 14 years)	50.00		75.00		75.00	
21	Cervical Spine	75.00		112.50		112.50	
22	Cervical Spine (0 – 14 years)	50.00		75.00		75.00	
23	Thoracic Spine	80.00		120.00		120.00	
24	Thoracic Spine (0 – 14 years)	50.00		75.00		75.00	
25	Lumbosacral Spine	75.00		112.50		112.50	
26	Lumbosacral Spine (0 – 14 years)	50.00		75.00		75.00	
27	Abdomen Three Phase	200.00		300.00		300.00	
28	Abdomen Three Phase (0 – 14 years)	150.00		225.00		225.00	
29	Abdominal CT with Contrast	150.00		225.00		225.00	
30	Abdominal CT with Contrast (0 – 14	100.00		150.00		150.00	
	years)	100.00		123.00		120.00	

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3	Pelvic CT with Contrast	125.00	187.50	187.50	

7.1.9 Department Eight: Pathology & Histopathology Services

	PATHOLOGY & HISTOPATHOLOGY SE	RVICES, JFK MEDIC	AL CENTE	CR CR	
No.	Services Rendered				
		Liberian US\$	Insur US\$	VIP/Forg US\$	
TYP	ES OF PROCEDURES	·	•		
PAT	THOLOGY SERVICES				
1	Cytology – JFKMC Patient	10.00	15.00	15.00	
2	Cytology – Non-JFKMC Patient	15.00	22.50	22.50	
3	PAP Smear – JFKMC Patient	10.00	15.00	15.00	
4	PAP Smear – Non-JFKMC Patient	15.00	22.50	22.50	
5	FNAC – JFKMC Patient	10.00	15.00	15.00	
6	FNAC – Non-JFKMC Patient	15.00	22.50	22.50	
7	Urine – JFKMC Patient	10.00	15.00	15.00	
8	Urine – Non-JFKMC Patient	15.00	22.50	22.50	
9	Serous Fluid – JFKMC Patient	10.00	15.00	15.00	
10	Serous fluid – Non-JFKMC Patient	15.00	22.50	22.50	
11	Sputum – JFKMC Patient	10.00	15.00	15.00	
12	Sputum – Non-JFKMC Patient	15.00	22.50	22.50	
13	Semen Analysis	15.00	22.50	22.50	
14	Semen Analysis – Non-JFKMC Patient	20.00	30.00	30.00	
15	Bone Marrow Aspirate	75.00	112.50	112.50	
HIS'	TOPATHOLOGY SERVICES				
1	Small Size Specimen – JFKMC Patient	30.00	45.00	45.00	
2	Small Size Specimen – Non-JFKMC Patient	45.00	67.50	67.50	
3	Medium Size Specimen – JFKMC Patient	50.00	75.00	75.00	
4	Medium Size Specimen – Non-JFKMC Patient	60.00	90.00	90.00	
5	Large Size Specimen – JFKMC Patient	75.00	112.50	112.50	
6	Large Size Specimen – Non-JFKMC Patient	125.00	187.50	187.50	
7	Extra Large Size Specimen – JFKMC Patient	100.00	150.00	150.00	
8	Extra Large Size Specimen – Non-JFKMC Patient	150.00	225.00	225.00	
9	Trephine Biopsy	100.00	150.00	150.00	

- Small specimen examples: Endoscopic Biopsies, Punch Biopsies.....
- Medium specimen examples: Lymph node biopsies, simple prostatectomy, simple hysterectomy, whole eye, thyroidectomy, ovarian cystectomy, large excisions....
- Extra-large examples: Nephrectomy, Gastrectomy, Mastectomy, TAH+BSO, Bowel Resections, Amputations, Radical Procedures.....

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7.1.9 Department Nine: Surgery

	DEPARTMENT OF SURGERY, JFK MEDICAL CENTER					
No.	Services Rendered		Service Fees			
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$		
TYP	ES OF PROCEDURES					
1	Herniorrhaphy (Inguinal hernia) (adults)	150.00	225.00	225.00		
2	Herniorrhaphy (Emergency) Incarcerated / Strangulated	200.00	300.00	300.00		
3	Bilateral Inguinal Hernia	200.00	300.00	300.00		
4	Obturator hernia	150.00	225.00	225.00		
5	Femoral Hernia	150.00	225.00	225.00		
6	Recurrent Hernia	200.00	300.00	300.00		
7	Herniotomy (Child)	100.00	150.00	150.00		
8	Umbilical Hernia	100.00	150.00	150.00		
9	Incisional Hernia	200.00	300.00	300.00		
10	Ventral / Epigastric Hernia	100.00	150.00	150.00		
11	Acute Appendicitis	200.00	300.00	300.00		
12	Ruptured Appendix—Exp Lap.	250.00	375.00	375.00		
EXP	LORATORY LAPAROTOMY (EXP. LAP)					
1	Exp Lap (Typhoid Perforation)	250.00	375.00	375.00		
2	Exp Lap (Gastrojejunostomy)	250.00	375.00	375.00		
3	Exp Lap (Bowel Obstruction)	250.00	375.00	375.00		
4	Exp Lap (Gastric Perforation)	250.00	375.00	375.00		
5	Exp Lap (Billroth I or II)	300.00	450.00	450.00		
6	Exp Lap (Abdominal Abscess)	200.00	300.00	300.00		
7	Exp Lap (Sigmoid Volvulus)	300.00	450.00	450.00		
8	Exp Lap (Ruptured Aortic Aneurysm)	750.00	1,125.00	1,125.00		
9	Exp Lap (Pancreaticoduodenectomy)/ Whipple Procedure)	400.00	600.00	600.00		
10	Distal Pancreatectomy	300.00	450.00	450.00		
11	Liver Abscess drainage.	200.00	300.00	300.00		
12	Liver Lobectomy	350.00	525.00	525.00		
13	Exp Lap (Splenectomy)	300.00	450.00	450.00		
14	Exp Lap (Splenorrhaphy)	250.00	375.00	375.00		
15	Exp. Lap (Cholecystectomy)	250.00	375.00	375.00		
24	Exp. Lap. (Cholecystojejunostomy)	250.00	375.00	375.00		
16	Esophagectomy	500.00	750.00	750.00		
17	Esophageal Dilatation	50.00	75.00	75.00		
18	Thyroidectomy (lobectomy)	200.00	300.00	300.00		
19	Total Thyroidectomy	250.00	375.00	375.00		
20	Simple mastectomy	200.00	300.00	300.00		
21	Modified radical mastectomy (axillary dissection)	250.00	375.00	375.00		
22	Breast lumpectomy / Per breast) (fibroadenoma)	75.00	112.50	112.50		
23	Breast Abscess drainage	50.00	75.00	75.00		
24	Colostomy creation	150.00	225.00	225.00		
25	Heller Myotomy	250.00	375.00	375.00		

	DEPARTMENT OF SURGERY	CONTINUES		
No.	Services Rendered		Service Fees	
		Liberian	Insur/Outsider	VIP/Forg
		US\$	US\$	US\$
26	Fundoplication	250.00	375.00	375.00
27	Low Anterior (LAR)	300.00	450.00	450.00
28	Abdominoperineal Resection (APR)	250.00	375.00	375.00
29	Partial Gastrectomy	300.00	450.00	450.00
30	Common Bile Duct exploration/Sphincteroplasty	300.00	450.00	450.00
TYPE	S OF PROCEDURES			
1	Colostomy reversal	150.00	225.00	225.00
2	Lipoma Excision (s/s)/l/s	50.00	75.00	75.00
3	Wide Excision (skin lesion)	50.00	75.00	75.00
4	Incisional Biopsy	50.00	75.00	75.00
5	Keloid excision (single)	50.00	75.00	75.00
6	Keloid excision (multiple)	75	112.50	150.00
7	Skin Graft (STSG)	100.00	150.00	150.00
8	Rectocele, Enterocele	200.00	300.00	300.00
9	Hemorrhoids (Elastic Bands)	150.00	225.00	225.00
10	Hemorrhoids (Hemorrhoidectomy)	150.00	225.00	225.00
11	Anal fissure (Sphincterotomy)	150.00	225.00	225.00
12	Anal fistula	150.00	225.00	225.00
Quad	rantectomy Excision of large breast Tumor			
1	Anal Rectal Abscess	150.00	225.00	225.00
2	Necrotizing Fasciitis	150.00	225.00	225.00
3	Wound Debridement	75.00	112.50	112.50
4	Dressing Change (small wound)/dressing	1.50	2.00	2.00
5	Dressing Change (medium size wound)/dressing	2.00	3.00	3.00
6	Dressing Change (Large wound)/dressing	3.00	4.50	4.50
7	Burn Wounds dressing change /dressing	3.00	4.50	4.50
8	Complicated wound dressings /dressing	5.00	7.50	7.50
9	Complicated wound drsg with (Monitored anesthesia	10.00	15.00	15.00
	care)/dressing			
10	Laceration Repair	40.00	60.00	60.00
11	Secondary wound closure	50.00	75.00	75.00
12	Excision of Ingrown nails	25.00	37.50	37.50
13	Chest Tube insertion (pleural effusion)	75.00	112.50	112.50
14	Chest Tube insertion (hemothorax/ empyema)	75.00	112.50	112.50
15	Thoracotomy and Decortication	250.00	375.00	375.00

PRICE LIST

	DEPARTMENT OF SURGERY CONTINUES						
No.	Services Rendered		Service Fees				
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$			
PED	IATRIC SURGERY						
1	Herniotomy	100.00	150.00	150.00			
2	Circumcision	50.00	75.00	75.00			
3	Intussusception	150.00	225.00	225.00			
4	Pyloroplasty (Hypetrophy Pyloric stenosis	150.00	225.00	225.00			
5	Biliary atresia	150.00	225.00	225.00			
6	Anal pull through (hirschsprungs disease)	200.00	300.00	300.00			
7	Imperforate Anus (PSARP)	250.00	375.00	375.00			
8	Orchidopexy (Undescended Testes)	150.00	225.00	225.00			
9	Nephrectomy (Wilm's Tumor)	250.00	375.00	375.00			
10	Hydrocele (peds)	100.00	150.00	150.00			
11	Hypospadias repair	200.00	300.00	300.00			
12	Cleft Lip Repair	100.00	150.00	150.00			
13	Cleft Palate Repair	150.00	225.00	225.00			
14	Chordee Release	100.00	150.00	150.00			
15	V P Shunts	100.00	150.00	150.00			
16	Spinal Bifida Repairs	150.00	225.00	225.00			
URO	LOGICAL PROCEDURES						
1	Foley catheterization	10.00	15.00	15.00			
2	Direct Vision Urethrotomy (DVIU)	250.00	375.00	375.00			
3	Transurethral Resection of the Prostate (TURP)	600.00	900.00	900.00			
4	Transurethral Resection of Bladder Tumor (TURBT)	600.00	900.00	900.00			
5	Transurethral Cystolithopaxy	350.00	525.00	525.00			
6	Ureteroscopy + Lithotripsy	600.00	900.00	900.00			
7	Endoscopic bladder neck incision	250.00	375.00	375.00			
8	Diagnostic cystoscopy	75.00	112.50	112.50			
9	Suprapubic foley catheterization (ER)	50.00	75.00	75.00			
10	Suprapubic foley catheterization (OR)	100.00	150.00	150.00			
11	Cystolithotomy	150.00	225.00	225.00			
12	Pyelolithotomy	250.00	375.00	375.00			
13	Nephrectomy	500.00	750.00	750.00			
14	Hydrocelectomy (adult)	150.00	225.00	225.00			
15	Urethroplasty	350.00	525.00	525.00			
16	Prostate Biopsy (Package/Histology)	125.00	187.50	187.50			
17	Prostatectomy (Open + NS + Histology)	500.00	750.00	750.00			
	Circumcision (<1yr)						
18	· • • · · · · · · · · · · · · · · · · ·	25.00	37.50	37.50			
19	Circumcision (1 – 14yr)	50.00	75.00	75.00			
20	Circumcision (>14)	100.00	150.00	150.00			

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	DEPARTMENT OF SURGERY CONTINUES					
No.	Services Rendered	Service Fees				
		Liberian US\$	Insur/Outsider US\$	VIP/Forg US\$		
Urol	ogical Procedures	0.24	0.21	1 227		
20	Varicocelectomy	150.00	225.00	225.00		
21	Traumatic Bladder Ruptured (Bladder Repair)	150.00	225.00	225.00		
25	Ureteral Reimplantation & stent placement	300.00	450.00	450.00		
26	Ureteral stent Placement	150.00	225.00	225.00		
27	Double J Ureteral stenting removal	100.00	150.00	150.00		
28	Ureteroscopy diagnostic	200.00	300.00	300.00		
29	Orchidectomy (testicular tumor + Histology)	200.00	300.00	300.00		
30	Orchidectomy (testicular torsion)	150.00	225.00	225.00		
ORT	HOPEDICS PROCEDURES			1		
1	Foreign body removal (Complex)	200.00	300.00	300.00		
2	Foreign body removal (Routine)	100.00	150.00	150.00		
3	Femur Interlocking Nail	600.00	900.00	900.00		
4	Femur SIGN Nail (Single) +150.00 for additional one	300.00	450.00	450.00		
5	Femur SIGN Nail (Multiple) + 150.00 for additional	450.00	675.00	675.00		
	one					
6	Tibia Interlocking Nail	300.00	450.00	450.00		
7	Proximal Femoral Locked Plating	350.00	525.00	525.00		
8	Distal Femoral Locked plating	350.00	525.00	525.00		
9	Dynamic Hip Screw	400.00	600.00	600.00		
10	Hemiarthroplasty	1,500.00	2,250.00	2,250.00		
11	Total Hip Arthroplasty	6,000.00	9,000.00	9,000.00		
12	Total Knee Arthroplasty	6,500.00	9,750.00	9,750.00		
13	Linear Rail System	1,500.00	2,250.00	2,250.00		
14	Dynamic Compression Plating	350.00	525.00	525.00		
15	Cast Manipulation (POP Lower extremities)	100.00	150.00	150.00		
16	Cast Manipulation with Fiber Glass (Lower)	150.00	225.00	225.00		
17	Cast Manipulation (POP Upper extremities)	75.00	112.50	112.50		
18	Cast Manipulation with Fiber Glass (Upper)	125.00	187.50	187.50		
19	Ponsetti Method Flat Rate	60.00	90.00	90.00		
20	Backslab (Splintage)	50.00	75.00	75.00		
21	K-Wiring + debridement	100.00	150.00	150.00		
22	Debridement (Small)	50.00	75.00	75.00		
23	Debridement (Large)	150.00	225.00	225.00		
24	External fixation (tibia)	200.00	300.00	300.00		
25	External fixation (femur)	300.00	450.00	450.00		
26	Spanning External fixation	350.00	525.00	525.00		

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27	Ankle Reconstruction	450.00	675.00	675.00
28	Tension Band Wiring	300.00	450.00	450.00

	DEPARTMENT OF SURGERY CONTINUES						
No.	Services Rendered	Service Fees					
		Liberian	Insur/Outsider	VIP/Forg			
		US\$	US\$	US\$			
	HOPEDICS PROCEDURES						
29	Tendon Repairs (Small)	250.00	375.00	375.00			
30	Tendon Repairs (Large)	350.00	525.00	525.00			
31	Shoulder dislocation (closed reduction)	50.00	75.00	75.00			
32	Shoulder dislocation (opened reduction)	200.00	300.00	300.00			
33	Hip Dislocation (closed reduction)	75.00	112.50	112.50			
34	Hip Dislocation (opened reduction)	250.00	375.00	375.00			
35	Carpel tunnel release	150.00	225.00	225.00			
36	Decompression Surgery (Releases Contracture, etc)	150.00	225.00	225.00			
37	Wound dressing Fee without material (Outpatient)	2.00	3.00	3.00			
38	Ganglionic cyst excision	75.00	112.50	112.50			
39	Bony mass excision	200.00	300.00	300.00			
40	Corrective osteotomy	350.00	525.00	525.00			
41	Biopsy for bone + Histology	150.00	225.00	225.00			
42	Skin Grafting	250.00	375.00	375.00			
43	Bone debridement + Sequestrectomy	250.00	375.00	375.00			
44	Arthrodesis	350.00	525.00	525.00			
45	Joint Washout	150.00	225.00	225.00			
46	Traction (Skeletal)	40.00	60.00	60.00			
47	Traction (Skin)	25.00	37.50	37.50			
48	Amputation (Lower limb)	150.00	225.00	225.00			
49	Amputation (Upper Limb)	200.00	300.00	300.00			
50	Amputation (digit)	75.00	112.50	112.50			

	DEPARTMENT OF SURGERY O	CONTINUES		
No.	Services Rendered		Service Fees	S
		Liberian US\$	Insur/O utsider US\$	VIP/Forg US\$
NEU	ROSURGICAL PROCEDURES			
1	Brain Tumor Resection	3500	5250.00	5250.00
2	Brain Tissue Biopsy	150	225.00	225.00
3	Brain Abscess / Empyema Evacuation	550	825.00	825.00
4	Ventriculoperitoneal Shunt Placement (Not provided)	125	187.50	187.50
5	Ventriculoperitoneal Shunt Placement (provided)	150	225.00	225.00
6	External Ventricular Drainage (not provided)	75	112.50	112.50
7	External Ventricular Drainage (provided)	100	150.00	150.00
8	Endoscopic Third Ventriculocisternostomy (with or without CPC)	200	300.00	300.00
9	Spinal Dysraphosm/Cranium Bifidum Repair (Encephalocele, Menin-gocele, myelomenigocele)	150	225.00	225.00
10	Depressed Skull elevation	500	750.00	750.00
11	Epidural Hematoma Evacuation (Craniotomy)	500	750.00	750.00
12	Subacute/Chronic Subdural Hematoma (Craniotomy /Burrhole)	750	1125.00	1125.00
13	Acute subdural Hematoma (craniectomy)	1000	1500.00	1500.00
14	Decompressive Hemicraniectomy	2000	3000.00	3000.00
15	Scalp Tumor Excision (Local anes) (Small Size)	50	75.00	75.00
16	Scalp Tumor Excision (GA) (Large Size)	150	300.00	300.00
17	Scalp Laceration Repair (Local)	25	37.50	37.50
18	Scalp Laceration Repair (GA)	100	150.00	150.00
19	Cervical Discectomy (without fusion instrumentation)	1000	1500.00	1500.00
20	Cervical Discectomy (with fusion instrumentation)	2000	3000.00	3000.00
21	Lumbar Discectomy (without fusion instrumentation)	1000	1500.00	1500.00
22	Lumbar Discectomy (with fusion instrumentation)	2000	3000.00	3000.00
23	Lumbar Laminectomy (without fusion instrumentation)	1000	1500.00	1500.00
24	Lumbar Laminectomy (with fusion instrumentation)	2000	3000.00	3000.00

7.1.10 Monrovia Rehabilitation Center (MRC)

MRC						
No.	Services Rendered	Service Fees				
		Liberian	Insurn	VIP/Forgn		
		US\$	US\$	US\$		
PHY	SIOTHERAPY SERVICES					
1	Registration/Consultation with PA	3.00	4.50	4.50		
2	Physiotherapy (Per Visit)	2.00	3.00	3.00		
3	Physiotherapy Visit/Week (Inpatient)	5.00	7.50	7.50		
Prost	hesis					
1	Complete above-knee production	865.00	1,297.50	1,297.50		
2	Complete above-knee production (Material Donated)	100.00	150.00	150.00		
3	Complete below-knee production	695.00	1042.50	1042.50		
4	Complete below-knee production (Material Donated)	100.00	150.00	150.00		
5	Compensation (Shoe)	155.00	232.50	232.50		
6	Compensation-Shoe (Material Donated)	50.00	75.00	75.00		
Mob	Mobility					
1	Crutches (single)	15.00	22.5	22.5		
2	Crutches (pair)	25.00	37.50	37.50		
3	Walker	25.00	37.50	37.50		
4	Neck Collar (hard)	25.00	37.50	37.50		
5	Splints (hand)	25.00	37.50	37.50		
6	Knee braces	25.00	37.50	37.50		
7	Ankle braces	20.00	30.00	30.00		
8	Lumber braces	25.00	37.50	37.50		
9	Cane	10.00	15.00	15.00		

7.1.11 Department Eleven: ER Medical ER Surgical/Trauma

Children Ages 0 – 4 Year

ER Medical, ER Surgical/Trauma

Free Services include: Registration, Admission, Medication, HB, Oxygen and General Laboratory, Circumcision

100% Pay Services include: X-Ray, Ultra Sound, Procedure, CBC, and Chemistry Laboratory

Children Ages 5 – 7

ER Medical ER Surgical/Trauma

50% Pay Services include: Registration, Admission, Medication, HB, Oxygen and General Laboratory

100% Pay Services include: X-Ray, Ultra Sound, Procedure, CBC, and Chemistry Laboratory

Children Ages 8 – 14

ER Medical ER Surgical/Trauma

75% Pay Services include: Registration, Admission, Medication, HB, Oxygen and General Laboratory

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100% Pay Services include: X-Ray, Ultra Sound, Procedure, CBC, and Chemistry Laboratory *Note all exceptions should be approved by the CEO in Writing.

	SERVICES INCLUDED IN PACKAGES AT MATERNITY HOSPITAL				
N	ORMAL VAGINAL DILVERY (5 DAYS)				
O'	THER SERVICES	PRICES			
1	EMERGENCY REGISTRATION	10.00			
2	ULTRA SOUND (ABDOMINAL ULTRASOUND)	10.00			
LA	ABORATORY SERVICES:	1			
1	НВ	4.00			
2	URINALYSIS	2.00			
3	VRDL	10.00			
4	MS – MALARIA	1.00			
5	BLOOD GROUPING	3.00			
6	SPOT TEST	0.00			
7	ADMISSIONS (FIVE DAYS)	15.00			
T	OTAL	US\$55.00			
C	AESAREAN SECTION DELIVERY – EMERGENCY (7 DAYS)	- 1			
O'	THER SERVICES	PRICES			
1	EMERGENCY REGISTRATION	10.00			
2	ULTRA SOUND	10.00			
LA	ABORATORY SERVICES:				
1	НВ	4.00			
2	URINALYSIS	2.00			
3	VDRL	10.00			
4	MS – MALARIA	1.00			
5	BLOOD GROUPING	3.00			
6	SPOT TEST	0.00			
7	ADMISSIONS (SEVEN DAYS)	21.00			
T	OTAL	US\$61.00			
C	CAESAREAN SECTION DELIVERY – ELECTIVE (7 DAYS)				
O'	THER SERVICES	PRICES			
1	EMERGENCY REGISTRATION	10.00			
2	ULTRA SOUND	10.00			
L	LABORATORY SERVICES:				
1	НВ	4.00			
2	URINALYSIS	2.00			
3	VDRL	10.00			
4	MS – MALARIA	1.00			
5	BLOOD GROUPING	3.00			
6	SPOT TEST	0.00			
7	ADMISSIONS (SEVEN DAYS)	21.00			
T	OTAL	US\$61.00			

NOTE: The Prices above are subject to changes after every quarter based on the market value of the US Dollar. The Hospital is open to any inquiry about the prices of drugs and services.





DEPARTMENT OF SURGERY: EAR, NOSE & THROAT/HEAD & NECK						
No			Service Fees			
	Services Rendered Liberi US\$		Insurance US\$	VIP/Form		
Ott	Blôgy/Ear					
1	Mastoidectomy	250.00	375.00	375.00		
2	Endoscopic Tympanoplasty/Open	200.00	300.00	300.00		
3	Pre Auricular Sinus Excision	150.00	225.00	225.00		
4	Pinna Laceration repair	50.00	75.00	75.00		
5	Osteoma/Exostosis Excision	150.00	225.00	225.00		
6	Pinna reconstruction	150.00	225.00	225.00		
7	Auricular Abscess Drainage	75.00	112.50	112.50		
8	Meatoplasty	100.00	150.00	150.00		
9	Foreign Body Removal	75.00	112.50	112.50		
10	Aural Toilet Under GA	100.00	150.00	150.00		
11	Myringotomy	75.00	112.50	112.50		
12	Grommets Insertion	100.00	150.00	150.00		
13	I & D (Pre Auricular or Post Auricular)	75.00	112.50	112.50		
14	Biopsy ENT	40.00	60.00	60.00		
15	Wax Removal	20.00	30.00	30.00		
16	Application of Ear Ointment	10.00	15.00	15.00		
hine	plogy/Nose					
1	Epistaxis Control	75.00	112.50	112.50		
2	Functional Endoscopic Sinus Surgery	200.00	300.00	300.00		
3	Septoplasty	100.00	150.00	150.00		
-	Nasa Laceration Repair	150.00	225.00	225.00		
	Nasa Mass Excision	50.00	75.00	75.00		
	Choanal Atresia Repair	100.00	150.00	150.00		

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7	Nasal Foreign Body Removal	60.00	90.00	90.00
8	Sinus Washout	75.00	112.50	112.50
Lary	ngology/Throat			
1	Direct Larngoscopy +/- Biopsy	150.00	225.00	225.00
2	Injection Thryroplasty	200.00	300.00	300.00
3	Bronchoscopy +/- Foreign Body Removal	150.00	225.00	225.00
4	Esophagoscopy +/- Foreign Body Removal	150.00	225.00	225.00
5	Vocal Cord mass Excision	100:00	150.00	150.00
6	Laryngeal mass Wxcision	100.00	150.00	150.00
13	Tonsillectomy	150.00	225.00	225.00

	1 & Neck			
1	Parotidectomy	300.00	450.00	450.00
2	Thyroidectomy	250.00	375.00	375.00
3	Neck Mass Excision With Neck Dissection	350.00	525.00	525.0
4	Simple Neck mass Excision	150.00	225.00	225.0
5	Mucocele Excision	150.00	225.00	225.0
6	Total Larngectomy with Neck Dissection	325.00	487.50	487.5
7	Tracheostomy	75.00	112.50	112.5
8	Debridement for Neck Infections	150.00	225.00	225.0
9	Neck Exploration	125.00	187.50	187.5
10	Neck Laceration Repair	75.00	112.50	112.5
11	Maxillectomy	250.00	375.00	375.0
12	Excision of Simple Head Mass	100.00	150.00	150.0
16	Intra Oral Mass Excision	150.00	225.00	225.0
18	Examination Under Anesthesia	30.00	45.00	45.0



7	Nasal Foreign Body Removal	60.	.00	90.00	90.00
8	Sinus Washout	75.	.00	112.50	112.50
Lary	ngology/Throat				
1	Direct Larngoscopy +/- Biopsy	150.	.00	225.00	225.00
2	Injection Thryroplasty	200.	.00	300.00	300.00
3	Bronchoscopy +/- Foreign Body Removal	150.	.00	225.00	225.00
4	Esophagoscopy +/- Foreign Body Removal	150.	.00	225.00	225.00
5	Vocal Cord mass Excision	100	:00	150.00	150.00
6	Laryngeal mass Wxcision	100	.00	150.00	150.00
13	Tonsillectomy	150	.00	225.00	225.00

Hea	d & Neck			
1	Parotidectomy	300.00	450.00	450.00
2	Thyroidectomy	250.00	375.00	375.00
3	Neck Mass Excision With Neck Dissection	350.00	525.00	525.00
4	Simple Neck mass Excision	150.00	225.00	225.00
5	Mucocele Excision	150.00	225.00	225.00
6	Total Larngectomy with Neck Dissection	325.00	487.50	487.50
7	Tracheostomy	75.00	112.50	112.5
8	Debridement for Neck Infections	150.00	225.00	225.0
9	Neck Exploration	125.00	187.50	187.5
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12	Excision of Simple Head Mass	100.00	150.00	150.00
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18	Examination Under Anesthesia	30.00	45.00	45.0



8 R RIGHTS & OBLIGATIONS AS A SERVICE USER

8.1 Your Rights as a Service User

As a service user, you have the following rights:

- **Right to Quality Service:** Receive efficient, timely, and respectful service in all interactions.
- **Right to Information:** Access clear information regarding services, requirements, and timelines.
- **Right to Privacy:** Have your personal data handled with confidentiality and in accordance with data protection laws.
- **Right to Redress:** Lodge complaints and receive appropriate and timely responses to resolve issues.

8.2 Your Obligations as a Service User

To help us serve you better, we ask that you:

- **Provide Accurate Information:** Ensure that all documentation and information submitted are complete and accurate.
- **Respect Service Protocols:** Follow the established procedures for each service to facilitate smooth processing.
- **Maintain Courtesy:** Treat staff members with respect and patience, as we are committed to helping you.

9 ANNEXES

9.1 Sample Feedback Form:



John F. Kennedy Medical Center Republic of Liberia Customer Service Feedback Form

We value your feedback and are committed to improving our services. Please use this form to share your experience with us. Your comments help us serve you better.

Name:	
Date of Service:	
Service Department:	
Feedback/Comments:	
Suggestions for Improvement:	
Contact Information (optional for follow-up):	