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**NEW PRICES / FEES FOR HEALTH SERVICE DELIVERY**

**KUMASI BRANCH**

EFFECTIVE DATE - 1<sup>ST</sup> JUNE, 2023

DESCRIPTION	FOR RESIDENTS (GH¢)	FOR NON-RESIDENTS (GH¢)
CONSULTATION - NEW PATIENT	150.00	300.00
REVIEW CONSULTATION	100.00	200.00
SPECIALIST CONSULTATION	250.00	500.00
MAMMOGRAM - INTERNAL	350.00	700.00
MAMMOGRAM - EXTERNAL	400.00	800.00
BREAST ULTRASOUND - INTERNAL	250.00	500.00
BREAST ULTRASOUND - EXTERNAL	300.00	600.00
XRAY	100.00	200.00
DRESSING - MAJOR	50.00	100.00
DRESSING - MINOR	40.00	80.00
RADICAL RESECTION	5,000.00	10,000.00
EXCISION BIOPSY	4,000.00	8,000.00
MASTECTOMY	7,000.00	14,000.00
MASTECTOMY (COMPLEX)	7,500.00	15,000.00
WILD LOCAL EXCISION	6,000.00	12,000.00
SUB CUT	5,000.00	10,000.00
MEDICAL REPORT	400.00	800.00
CORE BIOPSY + IHC	3,000.00	6,000.00
SINGLE WARD + MEALS (24 HRS)	160.00	320.00
SHARED WARD + MEALS (24 HRS)	80.00	160.00
REFERRAL NOTE	0.00	0.00

### CT SCAN PRICE LIST

DESCRIPTION	PRICE GH¢ (Internal)	PRICE GH¢ (External)
CT HEAD/BRAIN (- CONTRAST)	600.00	650.00
CT HEAD/BRAIN (+ CONTRAST)	750.00	780.00
CT ABDOMEN (- CONTRAST)	700.00	750.00
CT ABDOMEN (+ CONTRAST)	1,000.00	1,050.00
CT CHEST/LUNGS (- CONTRAST)	650.00	700.00
CT CHEST/LUNGS (+ CONTRAST)	950.00	1,000.00
CT LUNGS/CHEST+BRAIN/HEAD+ABDOMEN (- CONTRAST)	1,700.00	1,750.00
CT LUNGS/CHEST+BRAIN/HEAD+ABDOMEN (+ CONTRAST)	2,000.00	2,050.00
CT CHEST/LUNGS+ ABDOMEN (- CONTRAST)	1,150.00	1,200.00
CT CHEST/LUNGS+ ABDOMEN (+ CONTRAST)	1,520.00	1,570.00
CT ABDOMEN +BRAIN/HEAD (- CONTRAST)	1,200.00	1,250.00
CT ABDOMEN +BRAIN/HEAD (+ CONTRAST)	1,520.00	1,570.00
CT LUNGS/CHEST+ BRAIN/HEAD (-CONTRAST)	1,100.00	1,150.00
CT LUNGS/CHEST+ BRAIN/HEAD (+ CONTRAST)	1,470.00	1,520.00
CT HEAD/BRAIN + NECK (- CONTRAST)	1,100.00	1,150.00
CT HEAD/BRAIN + NECK (+ CONTRAST)	1,420.00	1,470.00
CT L/S SPINE (- CONTRAST)	600.00	650.00
CT L/S SPINE (+ CONTRAST)	750.00	780.00
CT L/S PELVIS (- CONTRAST)	1,100.00	1,150.00
CT CERVICAL (- CONTRACT)	600.00	650.00
CT CERVICAL (+ CONTRACT)	750.00	780.00
CT PELVIS (- CONTRAST)	700.00	750.00
CT PELVIS (+ CONTRAST)	900.00	950.00
CT THORACIC (- CONTRAST)	600.00	650.00
CT THORACIC (+ CONTRAST)	750.00	780.00
CT THORACIC + CERVICAL (- CONTRAST)	1,100.00	1,150.00
CT THORACIC + CERVICAL (+CONTRAST)	1,420.00	1,470.00
CT THORACO-LUMBAR SPINE (- CONTRAST)	1,100.00	1,150.00
CT THORACO-LUMBAR SPINE (+ CONTRAST)	1,420.00	1,470.00
CT SHOULDER (- CONTRAST)	600.00	650.00
CT SHOULDER (+ CONTRAST)	750.00	780.00
CT JOINT (S) (- CONTRACT)	600.00	650.00
CT JOINT (S) (+ CONTRACT)	750.00	780.00
CT NECK SOFT TISSUE (- CONTRAST)	600.00	650.00
CT NECK SOFT TISSUE (+ CONTRAST)	750.00	800.00

*For all NON-RESIDENT patients prices a doubled.  
USD and EUR are accepted.*