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FEATURES	WELLKINS PROTECT
Annual membership	Qr.500 per Year
Doctor Visit	Not Mandatory
Minimum No of enrollment	Single
Services	370 Services
Co- Payment	10%
Co-payment USG & Physio	25%
Non covered services	30% Cash Discount
Exclusions	Medicines, Packages, Bundles, Vaccines & Promotions.

GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
	A	
50	Absolute Eosinophils Count (AEC)	5
120	Administration of IV Fluids	12
65	Alanine Aminotransferase (ALT), Serum or Plasma	6.5
25	Albumin Urine	2.5
165	Albumin/Creatinine Ratio (ACR), Urine	16.5
65	Alkaline Phosphatase	6.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
600	Antegrade Urography (Pyelogram)	60
65	Anti Streptolysin O (ASO)	6.5
600	Anti-Mullerian hormone (AMH)	60
250	ApoLipoprotein B	25
65	Aspartate Aminotransferase (AST), Serum or Plasma	6.5
180	Audiometry	18
	B	
170	Beta HCG, Serum Quantitative	17
25	Bile Salts & Bile PIgMents - Urine	2.5
70	Bilirubin Direct	7
100	Bilirubin Indirect	10
55	Bilirubin Total	5.5
140	Bilirubin, Direct & Indirect, Serum or Plasma	14
140	Bilirubin, Direct & Total, Serum or Plasma	14

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
60	Bleeding Time	6
30	Blood Glucose Test - Glucometer	3
60	Blood grouping (ABO + RH)	6
60	Bun (Blood Urea Nitrogen)	6
	C	
70	Calcium, Serum or Plasma	7
60	CBC (Complete Blood Count)	6
160	Chlamydia Trachomatis Antigen Qualitative Test	16
50	Clotting Time	5
50	Consultation - Dental GP	5
60	Consultation Dermatology	6
60	Consultation - ENT	6
50	Consultation - GP	5
60	Consultation - Internal Medicine	6
60	Consultation - ObsGyn	6

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
60	Consultation - Ophthalmology	6
60	Consultation - Orthopedic	6
60	Consultation - Pediatrics	6
0	Consultation 60+	0
60	Consultation - Physiotherapy	6
60	Coombs Test (Direct)	6
110	Coombs Test (Indirect)	11
110	Creatine Kinase, Total, Serum/ CPK, CK	11
45	Creatinine, Serum or Plasma	4.5
90	CRP (C - Reactive Protein)	9
	D	
320	Drainage of Abscess Small	32
270	Dressing (Major)	27
180	Dressing (Medium)	18
100	Dressing (Minor)	10
80	Dressing Simple	8

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
	E	
120	Ear Pack/Otowick	12
150	Ear Syringing	15
140	Ear Wash /Wax removal/ Cleaning - two sides	14
80	Ear Wash /Wax removal/Cleaning - one side	8
100	ECG	10
150	Electrolyte Profile (Na, K, Bicarb, Cl)	15
35	Erythrocytes Sedimentation Rate (ESR)	3.5
125	Estimated GFR	12.5
220	Estradiol (E2)	22
300	Excision of Simple Dermoid Cyst - Subcutaneous	30
	F	
200	Ferritin	20
300	Filariasis IgG Abs	30

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
250	Fine Needle Aspiration (FNAC) Cytology-Excl Procedure Charges	25
180	Finger Splint Application - Dynamic	18
250	Finger Splint Application - Static	25
0	Follow Up - Consultation	0
150	FSH (Follicle Stimulating Hormone)	15
150	Fundus Examination	15
175	Fundus Examination and Refraction	17.5
	G	
70	Gamma Glutamyl Transferase (GGT)	7
30	Glucose FBS	3
30	Glucose RBS	3
140	Glucose Tolerance Test, Pregnancy	14
30	Glucose, 2 hours postprandial (PPBS)	3
25	Glucose, Urine	2.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
	H	
250	Hemoglobin Electrophoresis	25
125	Hba1C (Glycosylated Hemoglobin)	12.5
60	HDL Cholesterol	6
100	Helicobacter Pylori Abs (Screening)	10
200	Helicobacter Pylori Antigen (Stool)	20
120	Hepatitis B surface Antigen (HBsAg)Screen	12
150	Hepatitis C Virus Abs (Screening)	15
125	HIV 1&2 Abs (Screening)	12.5
	I	
150	Ige (Immunoglobulin E)	15
240	Incision and drainage(small), I&D Small	24
150	Influenza A and B Viruses Ag, nasopharyngeal	15

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
50	Injection - Intra Muscular Or Subcutaneous (Administration Charges Only Without Medicine))	5
50	Injection - Intra Muscular/IM (excluding medicine)	5
75	Injection - Intravenous/IV (Administration Charges Only)	7.5
50	Injection - Intravenous/IV (excluding medicine)	5
80	Intra Oral Periapical X-Ray-IOPA	8
480	Iron Infusion (Excluding Room Charges)	48
350	Iron Profile (Iron, TIBC, Ferritin)	35
95	Iron, Serum	9.5
	K	
60	Ketones, Urine	6
	L	
90	LDL Cholesterol	9
150	LH (Luteinizing Hormone)	15

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
150	Lipid Profile	15
250	Liver Function Test (LFT)	25
	M	
100	Magnesium, Serum	10
60	Malaria Parasite Screen	6
50	Microfilaria (MF)	5
150	Mycoplasma IgA, IgG & IgM Abs	15
	N	
75	Nebulization- Single treatment (excl medicine)	7.5
	O	
350	OCCULAR U/S B SCAN EYE	87.5
	P	
340	Pap Smear Lbc	34
110	Partial Thromboplastin Time (APTT)	11

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
120	Physiotherapy - 45 min session	30
125	Physiotherapy (Regular) per session	31.25
150	Physiotherapy Initial Assessment & First session	37.5
50	Platelets Count	5
70	Potassium, Serum	7
60	Pregnancy test (Serum)	6
50	Pregnancy Test - Urine	5
180	Progesterone	18
160	Prolactin	16
250	Prostate Specific Antigen (PSA) Free	25
420	Prostate Specific Antigen, (PSA RATIO)	42
250	Prostate Specific Antigen, (PSA) Total	25
60	Protein Total	6
750	Psychology-Counseling charges per hour	525

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
180	Pure Tone Audiometry	18
	R	
125	Renal Function Test Basic (BU, Creatinine, Uric Acid)/ RFT	12.5
40	Reticulocyte Count	4
60	Rheumatoid factor screen (RA Factor, RF)	6
70	RPR (Rapid Plasma Reagin)/VDRL	7
200	Rubella Antibody, IgG	20
	S	
100	Semen Analysis	10
120	Sickle Cell test	12
70	Sodium, Serum	7
180	Spirometry (Pulmonary Function Test)	18
50	Stool Occult Blood	5
50	Stool, Routine Examination	5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
80	Suture Removal (small)	8
250	Suturing - Simple	25
	T	
175	Testosterone Total	17.5
400	Thyroid Function Test (FT4, TSH, FT3) TFT	40
290	Thyroid Peroxidase (TPO) Antibody	29
150	Thyroid Stimulating Hormone (TSH)	15
150	Thyroxine, Free (Free T4)	15
180	Tonometry	18
50	Total Cholesterol, Serum or Plasma	5
210	Total Complement Activity (CH100/CH50)	21
100	Total Iron Binding Capacity (TIBC)	10
50	Triglycerides, Serum	5
150	Triiodothyronine, Free (Free T3)	15

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
150	Troponin I (Screening)	15
180	Tympanometry	18
	U	
720	Ultrasound Guided Biopsy/ Procedure	180
250	Ultrasound Abdomen & Pelvis	62.5
250	Ultrasound Abdomen (Upper)	62.5
200	Ultrasound Abdominal Aorta	50
225	Ultrasound Achillis Tendon	56.25
500	Ultrasound Arm Vascular Doppler (one)	125
600	Ultrasound Arm Vascular Doppler R+L	150
230	Ultrasound Axilla	57.5
400	Ultrasound Breast - Bilateral	100
240	Ultrasound BREAST - Unilateral	60
550	Ultrasound Carotid Doppler- Both Sides	137.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
350	Ultrasound Carotid Doppler - One Side	87.5
240	Ultrasound Chest	60
720	Ultrasound Drainage Abscess/Fluid	180
900	Ultrasound Duplex Scan - Lower Limb Arterial & Venous Bilateral	225
650	Ultrasound Duplex Scan - Lower Limb Arterial & Venous Unilateral	162.5
900	Ultrasound Duplex Scan - Upper Limb Arterial & Venous Bilateral	225
600	Ultrasound Duplex Scan - Upper Limb Arterial & Venous Unilateral	150
650	Ultrasound Duplex Scan - Upper Limb Arterial Bilateral	162.5
400	Ultrasound Duplex Scan - Upper Limb Arterial Unilateral	100
650	Ultrasound Duplex Scan - Upper Limb Venous Bilateral	162.5
400	Ultrasound Duplex Scan - Upper Limb Venous Unilateral	100
250	Ultrasound Eye & Orbit	62.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
360	Ultrasound Follicular monitoring	90
300	Ultrasound Forearm/Upper Arm	75
225	Ultrasound Foreign Body Localisation	56.25
500	Ultrasound Hepatic Doppler/ Liver	125
375	Ultrasound Hip Both	93.75
225	Ultrasound Hip One	56.25
325	Ultrasound Joint	81.25
230	Ultrasound Knee	57.5
250	Ultrasound KUB	62.5
350	Ultrasound Leg	87.5
500	Ultrasound Leg Arterial Doppler (one)	125
650	Ultrasound Leg Arterial Doppler R+L	162.5
650	Ultrasound Leg Arterial& Venous Doppler (One)	162.5
500	Ultrasound Leg Venous Doppler (One side)	125

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
650	Ultrasound Leg Venous DopplerR+L	162.5
500	Ultrasound Lower Limb Arterial - Unilateral	125
650	Ultrasound Lower Limb Arterial - Bilateral	162.5
900	Ultrasound Lower Limb Arterial & Venous - Bilateral	225
650	Ultrasound Lower Limb Venous - Bilateral	162.5
500	Ultrasound Lower Limb Venous - Unilateral	125
350	Ultrasound Muscle /Nerve	87.5
350	Ultrasound Neonatal Head (Neurosonography)	87.5
375	Ultrasound Neonatal Hips	93.75
450	Ultrasound Nuchal Translucency (Multiple)	112.5
375	Ultrasound Nuchal Translucency scan (NT scan)	93.75
375	Ultrasound Obstetric + Cordflow	93.75

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
325	Ultrasound Obstetric + Physical Profile	81.25
375	Ultrasound Obstetric + Physical Profile (Each Foetus)/ Anomaly Scan	93.75
350	Ultrasound Obstetric Doppler	87.5
350	Ultrasound Obstetric with Duplex DOPPLER of UMBILICAL VESSELS	87.5
250	Ultrasound Obstetrics (Less Than 14 Weeks)	62.5
280	Ultrasound Obstetrics (More Than 14 Weeks)	70
550	Ultrasound Obstetrics Triplets	137.5
450	Ultrasound Obstetrics Twins	112.5
240	Ultrasound Orbit	60
225	Ultrasound Parotid Glands	56.25
250	Ultrasound Pelvis	62.5
500	Ultrasound Penis Doppler	125

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
150	Ultrasound Prostate	37.5
550	Ultrasound Renal Doppler R+L	137.5
230	Ultrasound Salivary Gland	57.5
375	Ultrasound Scrotal	93.75
375	Ultrasound Scrotal Doppler	93.75
375	Ultrasound Scrotal Duplex	93.75
700	Ultrasound Shoulder Both	175
350	Ultrasound Shoulder One	87.5
230	Ultrasound Soft Tissue	57.5
225	Ultrasound Submandibular Salivary Gland	56.25
230	Ultrasound Thigh	57.5
240	Ultrasound Thyroid or Neck	60
350	Ultrasound Trans Rectal Ultrasound	87.5
325	Ultrasound Trans Vaginal Ultrasound (TVS)	81.25

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
250	Ultrasound Obstetrics (Early Pregnancy)	62.5
230	Ultrasound Unspecified Part	57.5
600	Ultrasound Upper Limb Arterial - Bilateral	150
400	Ultrasound Upper Limb Arterial - Unilateral	100
900	Ultrasound Upper Limb Arterial & Venous - Bilateral	225
600	Ultrasound Upper Limb Arterial & Venous - Unilateral	150
650	Ultrasound Upper Limb Venous - Bilateral	162.5
400	Ultrasound Upper Limb Venous - Unilateral	100
60	Urea	6
50	Uric Acid	5
90	Urinary Catheter Removal	9
25	Urine Microscopy	2.5
40	Urine Routine Examination (Urine Analysis)	4

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
180	Urology - U/S Prostate (screening/ clinic)	45
360	Urology - U/S Scrotum Doppler (Clinic)	90
	V	
50	Vision Testing	5
300	Vitamin B12	30
450	Vitamin D (25 OH)	45
	W	
130	Widal Test	13
	X	
90	X ray Abdomen, Single View	9
150	X ray Abdomen, Two views	15
85	X ray Acromio Clavicular Joint (1 view)	8.5
125	X ray Acromio Clavicular Joint Bilateral	12.5
120	X ray Ankle (One Side 2 views)	12

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
130	X ray Calcaneus/ Heel (One side, two views)	13
80	X ray Cervical Spine (Oblique)	8
85	X ray Cervical Spine (Open Mouth view)	8.5
100	X ray Cervico Thoracic Spine Lat	10
160	X ray Cervico Thoracic Spine (2 views)	16
100	X ray Cervico Thoracic Spine AP	10
160	X ray Cervico Thoracic Spine AP/Lat	16
85	X ray Chest - P/A	8.5
85	X Ray Chest - P/A-	8.5
85	X ray Chest AP	8.5
85	X ray Chest for Ribs	8.5
85	X ray Chest Lordotic View	8.5
85	X ray Chest, Single view	8.5
125	X ray Chest, Two views	12.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
140	X ray Clavicle Bilateral	14
75	X ray Clavicle Unilateral	7.5
80	X ray Coccyx 1 View	8
150	X ray Coccyx 2 Views	15
85	X ray Elbow with Forearm	8.5
125	X ray Elbow (2 views)	12.5
85	X ray Elbow (One View)	8.5
85	X ray Femur (One view)	8.5
165	X ray Femur -2 Views	16.5
75	X ray Finger(one)	7.5
130	X ray Foot - 2 Views	13
80	X ray Fore Arm (One view)	8
125	X ray Forearm - 2 Views	12.5
130	X ray Hand - 2 Views	13
80	X ray Hand (One View)	8
125	X ray Hand for Scaphoid	12.5

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
120	X ray Heels/Calcaneus Bilateral-Lateral View	12
90	X ray Hip (One Side) 1 View	9
130	X ray Hip (One Side) 2 Views	13
120	X ray Humerus (Arm)- 2 Views	12
130	X ray Knee (Two Views)	13
200	X ray Knee; Both Sides together AP/LAT	20
110	X ray Kub	11
90	X ray Lumbosacral Spine Lat	9
90	X ray Lumbosacral Spine Oblique	9
85	X ray Mandible 1 View	8.5
125	X ray Mandible 2 Views	12.5
90	X ray Mastoid 1 View	9
140	X ray Mastoid 2 Views	14
90	X ray Mastoid Bone	9

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
175	X ray Mastoids, less than 3 views Per Side	17.5
80	X ray Nasal Bone	8
85	X ray Nasopharynx	8.5
85	X ray Neck 1 View	8.5
85	X ray Neck Soft Tissues	8.5
85	X ray Nose	8.5
180	X ray Optic Foramina	18
180	X ray Orbits	18
110	X ray Paranasal Sinuses One view (PNS)	11
220	X ray Paranasal Sinuses, 2 Views, PNS	22
110	X ray Patella (one)	11
100	X ray Pelvis 1 View	10
130	X ray Pelvis and Hips	13
90	X ray Pelvis PA, Oblique	9
150	X ray Ribs Unilateral 2 Views	15

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
90	X ray Sacro Iliac joint (One view)	9
140	X ray Sacro Iliac joint (2 views)	14
120	X ray Sacrum & Coccyx 1 View	12
90	X ray Sacrum 1 View	9
180	X ray Salivary gland for calculus (One side or Gland)	18
80	X ray Scaphoid (one)	8
120	X ray Scaphoid Both Sides	12
80	X ray Scapula Unilateral	8
125	X ray Sella Turcica/ Pituitary fossa	12.5
85	X ray Shoulder Joint Axial	8.5
130	X ray Shoulder (one side, 2 views)	13
80	X ray Shoulder; 1 View	8
140	X ray Skull 2 Views	14
80	X ray Skull one view	8

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
125	X Ray Sky Line View (Patella)	12.5
80	X ray Spine Cervical; One view	8
135	X ray Spine Cervical; Two views	13.5
80	X ray Spine Lumbo Sacral, 1 View	8
130	X ray Spine Lumbo Sacral, 2 Views	13
190	X ray Spine Lumbo Sacral, 3 views	19
80	X ray Spine Single view any level	8
125	X ray Spine; Thoracic, 2 views	12.5
180	X ray Spine; Thoraco Lumbar 2 Views	18
80	X ray Sterno Clavicular Joint (One View))	8
85	X ray Sternum	8.5
250	X ray Teeth, Complete, Full Mouth	25
260	X ray Temporo Mandibular Joint (Both sides)	26

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
130	X ray Temporo Mandibular Joint (One side) TMJ	13
85	X ray Thoracic Spine 1 View	8.5
85	X ray Thoracic Spine Lateral View	8.5
85	X ray Thoracic Spine Oblique View	8.5
250	X ray TM Joint 2 views	25
130	X ray TM Joint Open & Closed mouth	13
80	X ray Toe (One)	8
80	X ray Wrist (One View)	8
100	X-Ray Bone Densitometry Hip - 1 view	10
150	X-Ray Bone Densitometry Hip - 2 views	15
150	X-Ray Bone Densitometry Hip + spine	15
220	X-Ray Both Ankle Joints	22
250	X-Ray BOTH ELBOW 2 VIEWS	25

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
250	X-Ray BOTH FOREARMS 2 VIEWS	25
250	X-Ray BOTH HANDS 2 VIEWS	25
250	X-Ray BOTH WRIST 2 VIEWS	25
80	X-Ray CERVICAL BONE	8
80	X-Ray Cervical Spine - Lateral	8
200	X-Ray CERVICAL SPINE AP/LAT/FLEXTION/EXTENSION	20
140	X-Ray CERVICO-DORSAL SPINE (A/P & LATERAL)	14
180	X-Ray DORSAL SPINE (A/P & LATERAL & OBLIQUE)	18
130	X-Ray DORSAL SPINE (A/P & LATERAL)	13
90	X-Ray DORSAL SPINE AP	9
180	X-Ray DORSO-LUMBAR SPINE (A/P & LATERAL)	18
200	X-Ray DUAL (BILATERAL) HIP BONE DEXA SCAN	20
130	X-Ray Hip Joint Bilateral	13

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GENERAL PRICE (QAR)	Covered Test Name	PROTECT PRICE (QAR)
130	X-Ray LEG - 2 VIEWS	13
250	X-Ray Pelvis + Hips (2 Views)	25
140	X-Ray PELVIS 2 Views	14
200	X-Ray RIBS UNILATERAL MINIMUM OF 3 VIEWS(INCLUDING POSTEROANTERIOR CHEST)	20
200	X-Ray RIBS, BILATERAL 3 VIEWS	20
240	X-Ray RIBS, BILATERAL MINIMUM OF 4 VIEWS (INCLUDING POSTEROANTERIOR CHEST)	24
120	X-Ray SACROILIAC JOINTS	12
130	X-Ray Scapula Bilateral	13
100	X-Ray SINGLE (UNILATERAL) HIP BONE DEXA SCAN	10
260	X-Ray Skull Complete - Minumum 4 Views	26
120	X-Ray Sterno Clavicular Joint Bilateral	12
120	X-Ray Toe Bilateral	12
120	X-Ray Wrist - 2 Views	12