

WELLKINS My Wellness

Annual Membership Fee: Qr.500 per Year

Type: Exclusive Package for Wellness – Direct On Demand Tests

Annual Coverage Limit : Qr.100,000

Services Included:150+ Biomarkers

Co Payment : 10% on tariff

Covered Services

A

Absolute Eosinophils Count (AEC)

Administration of IV Fluids

Alanine Aminotransferase (ALT), Serum or Plasma

Albumin Urine

Albumin/Creatinine Ratio (ACR), Urine

Albumin / Globulin Ratio

Alkaline Phosphatase

Antegrade Urography (Pyelogram)

Anti Streptolysin O (ASO)

Covered Services

Anti-Mullerian hormone (AMH)

ApoLipoprotein B

Aspartate Aminotransferase (AST), Serum or Plasma

Atherogenic Index of Plasma (AIP)

B

Beta HCG, Serum Quantitative

Bile Salts & Bile Pigments - Urine

Bilirubin Direct

Bilirubin Indirect

Bilirubin Total

Bilirubin, Direct & Indirect, Serum or Plasma

Bilirubin, Direct & Total, Serum or Plasma

Bleeding Time

Blood Glucose Test - Glucometer

Blood Pressure Monitoring

Blood grouping (ABO + RH)

Bun (Blood Urea Nitrogen)

Covered Services

BUN / Creatinine Ratio

C

Calcium, Serum or Plasma

CBC (Complete Blood Count)

Chlamydia Trachomatis Antigen Qualitative Test

Cholesterol / HDL Ratio

Clotting Time

Corrected Calcium

Coombs Test (Direct)

Coombs Test (Indirect)

Creatine Kinase, Total, Serum/ CPK, CK

Creatinine, Serum or Plasma

CRP (C - Reactive Protein)

E

ECG

Electrolyte Profile (Na, K, Cl)

Erythrocytes Sedimentation Rate (ESR)

Covered Services

Estimated GFR

Estimated Average Glucose (eAG)

Estradiol (E2)

F

Ferritin

FIB-4 Index

Filariasis IgG Abs

Fine Needle Aspiration (FNAC) Cytology-Excl
Procedure Charges

FSH (Follicle Stimulating Hormone)

Fundus Examination

Fundus Examination and Refraction

Flu Shot (Influenza - MOPH Campaign)

G

Gamma Glutamyl Transferase (GGT)

Glucose FBS (Fasting Blood Sugar)

Glucose RBS (Random Blood Sugar)

Covered Services

Glucose Tolerance Test, Pregnancy

Glucose, 2 hours postprandial (PPBS)

Glucose, Urine

Globulin

H

Hemoglobin Electrophoresis

HbA1C (Glycosylated Hemoglobin)

HDL Cholesterol

Helicobacter Pylori Abs (Screening)

Helicobacter Pylori Antigen (Stool)

Hepatitis B surface Antigen (HBsAg)Screen

Hepatitis C Virus Abs (Screening)

HIV 1&2 Abs (Screening)

HOMA-IR (Calculated)

I

Ige (Immunoglobulin E)

Influenza A and B Viruses Ag, nasopharyngeal

Covered Services

Intra Oral Periapical X-Ray-IOPA

Iron Infusion (Excluding Room Charges)

Iron Profile (Iron, TIBC, Ferritin)

Iron, Serum

Iron Saturation %

K

Kidney function Test

Ketones, Urine

L

LDL Cholesterol

LDL / HDL Ratio

LH (Luteinizing Hormone)

Lipid Profile

Liver Function Test (LFT)

M

Magnesium, Serum

Malaria Parasite Screen

Covered Services

Microfilaria (MF)

Mycoplasma IgA, IgG & IgM Abs

Nebulization- Single treatment (excl medicine)

P

Pap Smear Lbc

Partial Thromboplastin Time (APTT)

Platelets Count

Potassium, Serum

Pregnancy test (Serum)

Pregnancy Test - Urine

Progesterone

Prolactin

Prostate Specific Antigen (PSA) Free

Prostate Specific Antigen, (PSA RATIO)

Prostate Specific Antigen, (PSA) Total

Protein Total

Pure Tone Audiometry

Covered Services

R

Renal Function Test Basic (BU, Creatinine, Uric Acid)/RFT

Reticulocyte Count

Rheumatoid factor screen (RA Factor, RF)

RPR (Rapid Plasma Reagin)/VDRL

Rubella Antibody, IgG

S

Semen Analysis

Sickle Cell test

Sodium, Serum

Spirometry (Pulmonary Function Test)

Stool Occult Blood

Stool, Routine Examination

T

Testosterone Total

Thyroid Function Test (FT4, TSH, FT3) TFT

Thyroid Peroxidase (TPO) Antibody

Covered Services

Thyroid Stimulating Hormone (TSH)

Thyroxine, Free (Free T4)

Tonometry

Total Cholesterol, Serum or Plasma

Total Complement Activity (CH100/CH50)

Total Iron Binding Capacity (TIBC)

Triglycerides, Serum

Triglycerides / HDL Ratio

Triiodothyronine, Free (Free T3)

Troponin I (Screening)

U

Ultrasound Abdomen & Pelvis

Ultrasound Abdomen (Upper)

Ultrasound Breast - Bilateral

Ultrasound Follicular monitoring

Ultrasound KUB

Ultrasound Nuchal Translucency (Multiple)

Covered Services

Ultrasound Nuchal Translucency scan (NT scan)

Ultrasound Obstetric + Physical Profile

Ultrasound Obstetric + Physical Profile (Each Foetus)/ Anomaly Scan

Ultrasound Obstetrics (Less Than 14 Weeks)

Ultrasound Obstetrics (More Than 14 Weeks)

Ultrasound Obstetrics Triplets

Ultrasound Obstetrics Twins

Ultrasound Pelvis

Ultrasound Prostate

Ultrasound Thyroid or Neck

Ultrasound Trans Vaginal Ultrasound (TVS)

Ultrasound Obstetrics (Early Pregnancy)

Ultrasound Scrotum Doppler

Urea

Uric Acid

Urine Microscopy

Urine Routine Examination (Urine Analysis)

Covered Services**V**

Vision Testing

Vitamin B12

Vitamin D (25 OH)

W & X

Widal Test

X ray Chest - P/A