

FEATURES	WELLKINS PROTECT
Annual membership	Qr.500 per Year
Doctor Visit	Not Mandatory
Minimum No of enrollment	Single
Services	350+ Services
Co- Payment	10%
Co-payment USG & Physio	25%
Non covered services	30% Cash Discount
Exclusions	Medicines, Packages, Bundles, Vaccines & Promotions.

Covered Test Name
A
Absolute Eosinophils Count (AEC)
Administration of IV Fluids
Alanine Aminotransferase (ALT), Serum or Plasma
Albumin Urine
Albumin/Creatinine Ratio (ACR), Urine
Alkaline Phosphatase

Covered Test Name

Anti Streptolysin O (ASO)

Anti-Mullerian hormone (AMH)

ApoLipoprotein B

Aspartate Aminotransferase (AST), Serum or Plasma

Audiometry

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

Covered Test Name

Blood Glucose Test - Glucometer

Blood grouping (ABO + RH)

Bun (Blood Urea Nitrogen)

C

Calcium, Serum or Plasma

CBC (Complete Blood Count)

Chlamydia Trachomatis Antigen Qualitative Test

Clotting Time

Consultation - Dental GP

Consultation Dermatology

Consultation - ENT

Consultation - GP

Consultation - Internal Medicine

Consultation - ObsGyn

Consultation - Ophthalmology

Covered Test Name
Consultation - Orthopedic
Consultation - Pediatrics
Consultation 60+
Consultation - Physiotherapy
Coombs Test (Direct)
Coombs Test (Indirect)
Creatine Kinase, Total, Serum/ CPK, CK
Creatinine, Serum or Plasma
CRP (C - Reactive Protein)
D
Drainage of Abscess Small
Dressing (Major)
Dressing (Medium)
Dressing (Minor)
Dressing Simple

Covered Test Name

E

Ear Pack/Otowitz

Ear Syringing

Ear Wash /Wax removal/ Cleaning – two sides

Ear Wash /Wax removal/Cleaning – one side

ECG

Electrolyte Profile (Na, K, Bicarb, Cl)

Erythrocytes Sedimentation Rate (ESR)

Estimated GFR

Estradiol (E2)

Excision of Simple Dermoid Cyst – Subcutaneous

F

Ferritin

Filariasis IgG Abs

Covered Test Name

Fine Needle Aspiration (FNAC) Cytology-Excl Procedure Charges

Finger Splint Application - Dynamic

Finger Splint Application - Static

Follow Up - Consultation

FSH (Follicle Stimulating Hormone)

Fundus Examination

Fundus Examination and Refraction

G

Gamma Glutamyl Transferase (GGT)

Glucose FBS

Glucose RBS

Glucose Tolerance Test, Pregnancy

Glucose, 2 hours postprandial (PPBS)

Glucose, Urine

Covered Test Name

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)

I

Ige (Immunoglobulin E)

Incision and drainage(small), I&D Small

Influenza A and B Viruses Ag, nasopharyngeal

Covered Test Name
Injection - Intra Muscular Or Subcutaneous (Administration Charges Only Without Medicine))
Injection - Intra Muscular/IM (excluding medicine)
Injection - Intravenous/IV (Administration Charges Only)
Injection - Intravenous/IV (excluding medicine)
Intra Oral Periapical X-Ray-IOPA
Iron Infusion (Excluding Room Charges)
Iron Profile (Iron, TIBC, Ferritin)
Iron, Serum
K
Ketones, Urine
L
LDL Cholesterol
LH (Luteinizing Hormone)

Covered Test Name
Lipid Profile
Liver Function Test (LFT)
M
Magnesium, Serum
Malaria Parasite Screen
Microfilaria (MF)
Mycoplasma IgA, IgG & IgM Abs
N
Nebulization- Single treatment (excl medicine)
O
OCCULAR U/S B SCAN EYE
P
Pap Smear Lbc
Partial Thromboplastin Time (APTT)

Covered Test Name
Physiotherapy – 45 min session
Physiotherapy Initial Assessment & First session
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
Psychology–Counseling charges per hour
Pure Tone Audiometry

Covered Test Name

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

Covered Test Name

Suture Removal (small)

Suturing - Simple

T

Testosterone Total

Thyroid Function Test (FT4, TSH, FT3) TFT

Thyroid Peroxidase (TPO) Antibody

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

Triiodothyronine, Free (Free T3)

Covered Test Name

Troponin I (Screening)

Tympanometry

U

Ultrasound Guided Biopsy/ Procedure

Ultrasound Abdomen & Pelvis

Ultrasound Abdomen (Upper)

Ultrasound Abdominal Aorta

Ultrasound Achilles Tendon

Ultrasound Arm Vascular Doppler (one)

Ultrasound Arm Vascular Doppler R+L

Ultrasound Axilla

Ultrasound Breast – Bilateral

Ultrasound BREAST – Unilateral

Ultrasound Carotid Doppler– Both Sides

Covered Test Name
Ultrasound Carotid Doppler – One Side
Ultrasound Chest
Ultrasound Drainage Abscess/Fluid
Ultrasound Duplex Scan – Lower Limb Arterial & Venous Bilateral
Ultrasound Duplex Scan – Lower Limb Arterial & Venous Unilateral
Ultrasound Duplex Scan – Upper Limb Arterial & Venous Bilateral
Ultrasound Duplex Scan – Upper Limb Arterial & Venous Unilateral
Ultrasound Duplex Scan – Upper Limb Arterial Bilateral
Ultrasound Duplex Scan – Upper Limb Arterial Unilateral
Ultrasound Duplex Scan – Upper Limb Venous Bilateral
Ultrasound Duplex Scan – Upper Limb Venous Unilateral
Ultrasound Eye & Orbit

Covered Test Name

Ultrasound Follicular monitoring

Ultrasound Forearm/Upper Arm

Ultrasound Foreign Body Localisation

Ultrasound Hepatic Doppler/ Liver

Ultrasound Hip Both

Ultrasound Hip One

Ultrasound Joint

Ultrasound Knee

Ultrasound KUB

Ultrasound Leg

Ultrasound Leg Arterial Doppler (one)

Ultrasound Leg Arterial Doppler R+L

Ultrasound Leg Arterial& Venous Doppler (One)

Ultrasound Leg Venous Doppler (One side)

Covered Test Name
Ultrasound Leg Venous DopplerR+L
Ultrasound Lower Limb Arterial – Unilateral
Ultrasound Lower Limb Arterial – Bilateral
Ultrasound Lower Limb Arterial & Venous – Bilateral
Ultrasound Lower Limb Venous – Bilateral
Ultrasound Lower Limb Venous – Unilateral
Ultrasound Muscle /Nerve
Ultrasound Neonatal Head (Neurosonography)
Ultrasound Neonatal Hips
Ultrasound Nuchal Translucency (Multiple)
Ultrasound Nuchal Translucency scan (NT scan)
Ultrasound Obstetric + Cordflow

Covered Test Name

Ultrasound Obstetric + Physical Profile

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

Ultrasound Obstetric Doppler

Ultrasound Obstetric with Duplex DOPPLER of UMBILICAL
VESSELS

Ultrasound Obstetrics (Less Than 14 Weeks)

Ultrasound Obstetrics (More Than 14 Weeks)

Ultrasound Obstetrics Triplets

Ultrasound Obstetrics Twins

Ultrasound Orbit

Ultrasound Parotid Glands

Ultrasound Pelvis

Ultrasound Penis Doppler

Covered Test Name
Ultrasound Prostate
Ultrasound Renal Doppler R+L
Ultrasound Salivary Gland
Ultrasound Scrotal
Ultrasound Scrotal Doppler
Ultrasound Scrotal Duplex
Ultrasound Shoulder Both
Ultrasound Shoulder One
Ultrasound Soft Tissue
Ultrasound Submandibular Salivary Gland
Ultrasound Thigh
Ultrasound Thyroid or Neck
Ultrasound Trans Rectal Ultrasound
Ultrasound Trans Vaginal Ultrasound (TVS)

Covered Test Name

Ultrasound Obstetrics (Early Pregnancy)

Ultrasound Unspecified Part

Ultrasound Upper Limb Arterial – Bilateral

Ultrasound Upper Limb Arterial – Unilateral

Ultrasound Upper Limb Arterial & Venous – Bilateral

Ultrasound Upper Limb Arterial & Venous – Unilateral

Ultrasound Upper Limb Venous – Bilateral

Ultrasound Upper Limb Venous – Unilateral

Urea

Uric Acid

Urinary Catheter Removal

Urine Microscopy

Urine Routine Examination (Urine Analysis)

Covered Test Name

V

Vision Testing

Vitamin B12

Vitamin D (25 OH)

W

Widal Test

X

X ray Abdomen, Single View

X ray Abdomen, Two views

X ray Acromio Clavicular Joint (1 view)

X ray Acromio Clavicular Joint Bilateral

X ray Ankle (One Side 2 views)

X ray Calcaneus/ Heel (One side, two views)

X ray Cervical Spine (Oblique)

Covered Test Name

X ray Cervical Spine (Open Mouth view)

X ray Cervico Thoracic Spine Lat

X ray Cervico Thoracic Spine (2 views)

X ray Cervico Thoracic Spine AP

X ray Cervico Thoracic Spine AP/Lat

X ray Chest – P/A

X Ray Chest – P/A-

X ray Chest AP

X ray Chest for Ribs

X ray Chest Lordotic View

X ray Chest, Single view

X ray Chest, Two views

X ray Clavicle Bilateral

X ray Clavicle Unilateral

Covered Test Name

X ray Coccyx 1 View

X ray Coccyx 2 Views

X ray Elbow with Forearm

X ray Elbow (2 views)

X ray Elbow (One View)

X ray Femur (One view)

X ray Femur -2 Views

X ray Finger(one)

X ray Foot - 2 Views

X ray Fore Arm (One view)

X ray Forearm - 2 Views

X ray Hand - 2 Views

X ray Hand (One View)

X ray Hand for Scaphoid

X ray Heels/Calcaneus Bilateral-Lateral View

Covered Test Name
X ray Hip (One Side) 1 View
X ray Hip (One Side) 2 Views
X ray Humerus (Arm)- 2 Views
X ray Knee (Two Views)
X ray Knee; Both Sides together AP/LAT
X ray Kub
X ray Lumbosacral Spine Lat
X ray Lumbosacral Spine Oblique
X ray Mandible 1 View
X ray Mandible 2 Views
X ray Mastoid 1 View
X ray Mastoid 2 Views
X ray Mastoid Bone
X ray Mastoids, less than 3 views Per Side

Covered Test Name

X ray Nasal Bone

X ray Nasopharynx

X ray Neck 1 View

X ray Neck Soft Tissues

X ray Nose

X ray Optic Foramina

X ray Orbits

X ray Paranasal Sinuses One view (PNS)

X ray Paranasal Sinuses, 2 Views, PNS

X ray Patella (one)

X ray Pelvis 1 View

X ray Pelvis and Hips

X ray Pelvis PA, Oblique

X ray Ribs Unilateral 2 Views

X ray Sacro Iliac joint (One view)

Covered Test Name
X ray Sacro Iliac joint (2 views)
X ray Sacrum & Coccyx 1 View
X ray Sacrum 1 View
X ray Salivary gland for calculus (One side or Gland)
X ray Scaphoid (one)
X ray Scaphoid Both Sides
X ray Scapula Unilateral
X ray Sella Turcica/ Pituitary fossa
X ray Shoulder Joint Axial
X ray Shoulder (one side, 2 views)
X ray Shoulder; 1 View
X ray Skull 2 Views
X ray Skull one view

Covered Test Name
X Ray Sky Line View (Patella)
X ray Spine Cervical; One view
X ray Spine Cervical; Two views
X ray Spine Lumbo Sacral, 1 View
X ray Spine Lumbo Sacral, 2 Views
X ray Spine Lumbo Sacral, 3 views
X ray Spine Single view any level
X ray Spine; Thoracic, 2 views
X ray Spine; Thoraco Lumbar 2 Views
X ray Sterno Clavicular Joint (One View))
X ray Sternum
X ray Teeth, Complete, Full Mouth
X ray Temporo Mandibular Joint (Both sides)

Covered Test Name
X ray Temporo Mandibular Joint (One side) TMJ
X ray Thoracic Spine 1 View
X ray Thoracic Spine Lateral View
X ray Thoracic Spine Oblique View
X ray TM Joint 2 views
X ray TM Joint Open & Closed mouth
X ray Toe (One)
X ray Wrist (One View)
X-Ray Bone Densitometry Hip - 1 view
X-Ray Bone Densitometry Hip - 2 views
X-Ray Bone Densitometry Hip + spine
X-Ray Both Ankle Joints
X-Ray BOTH ELBOW 2 VIEWS

Covered Test Name

X-Ray BOTH FOREARMS 2 VIEWS

X-Ray BOTH HANDS 2 VIEWS

X-Ray BOTH WRIST 2 VIEWS

X-Ray CERVICAL BONE

X-Ray Cervical Spine - Lateral

X-Ray CERVICAL SPINE AP/LAT/FLEXTION/EXTENSION

X-Ray CERVICO-DORSAL SPINE (A/P & LATERAL)

X-Ray DORSAL SPINE (A/P & LATERAL & OBLIQUE)

X-Ray DORSAL SPINE (A/P & LATERAL)

X-Ray DORSAL SPINE AP

X-Ray DORSO-LUMBAR SPINE (A/P & LATERAL)

X-Ray DUAL (BILATERAL) HIP BONE DEXA SCAN

X-Ray Hip Joint Bilateral

Covered Test Name

X-Ray LEG - 2 VIEWS

X-Ray Pelvis + Hips (2 Views)

X-Ray PELVIS 2 Views

X-Ray RIBS UNILATERAL MINIMUM OF 3 VIEWS (INCLUDING POSTEROANTERIOR CHEST)

X-Ray RIBS, BILATERAL 3 VIEWS

X-Ray RIBS, BILATERAL MINIMUM OF 4 VIEWS (INCLUDING POSTEROANTERIOR CHEST)

X-Ray SACROILIAC JOINTS

X-Ray Scapula Bilateral

X-Ray SINGLE (UNILATERAL) HIP BONE DEXA SCAN

X-Ray Skull Complete - Minimum 4 Views

X-Ray Sterno Clavicular Joint Bilateral

X-Ray Toe Bilateral

X-Ray Wrist - 2 Views