PETIKAN JAWATANKUASA TETAP KEWANGAN
BIL.2 TAHUN 2010 PADA 31 MEI 2010

KADAR CAJ PERKHIDMATAN DI PUSAT DIAGNOSTIK NUKLEAR (PPDN) FAKULTI PERUBATAN DAN SAINS KESIHATAN (FPSK)

1.0 Kadar Caj Perkhidmatan Ultra Sound

Lampiran E
{Minit 4/2(2010)}

SENARAI KADAR CAJ PEMERIKSAAN ULTRASOUND DAN KADAR CAJ ELAUN UNTUK PAKAR SELEPAS WAKTU PEJABAT DI PUSAT PENGIMEJAN DIAGNOSTIK NUKLEAR, FPSK UPM.

BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
1	US BREAST - SINGLE	90.00	110.00	70.00	117.00	143.00	91.00	27.00	33.00	21.00
2	US BREAST - BILATERAL	120.00	140.00	95.00	156.00	182.00	123.50	36.00	42.00	28.50
3	US BREAST (COMPLEX)	160.00	190.00	130.00	208.00	247.00	169.00	48.00	57.00	39.00
4	US BRAIN (NEONATAL)	130.00	160.00	100.00	169.00	208.00	130.00	39.00	48.00	30.00
5	US BRAIN (NEONATAL)(COMPLEX)	180.00	220.00	140.00	234.00	286.00	182.00	54.00	66.00	42.00
6	US THYROID	130.00	160.00	100.00	169.00	208.00	130.00	39.00	48.00	30.00
7	US THYROID (COMPLEX)	180.00	220.00	140.00	234.00	286.00	182.00	54.00	66.00	42.00
8	US NECK	120.00	140.00	95.00	156.00	182.00	123.50	36.00	42.00	28.50
9	US NECK (COMPLEX)	160.00	190.00	130.00	208.00	247.00	169.00	48.00	57.00	39.00
10	US MUSCULOSKELETAL PER REGION	300.00	360.00	240.00	390.00	468.00	312.00	90.00	108.00	72.00
11	US MUSCULOSKELETAL PER REGION (COMPLEX)	420.00	500.00	340.00	546.00	650.00	442.00	126.00	150.00	102.00
12	US HEPATOBILIARY SYSTEM	120.00	140.00	95.00	156.00	182.00	123.50	36.00	42.00	28.50
13	US UPPER ABDOMEN	180.00	220.00	140.00	234.00	286.00	182.00	54.00	66.00	42.00
14	US UPPER ABDOMEN (COMPLEX)	250.00	300.00	200.00	325.00	390.00	260.00	75.00	90.00	60.00
15	US THORAX	150.00	180.00	120.00	195.00	234.00	156.00	45.00	54.00	36.00
16	US THORAX (COMPLEX)	210.00	250.00	170.00	273.00	325.00	221.00	63.00	75.00	51.00

PETIKAN JAWATANKUASA TETAP KEWANGAN
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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
17	US KUB	130	160	100	169	208	130	39	48	30
18	US ABDOMEN & PELVIS	220	260	180	286	338	234	66	78	54
19	US ABDOMEN & PELVIS (COMPLEX)	310	370	250	403	481	325	93	111	75
20	US PELVIS	120	140	95	156	182	123.5	36	42	28.5
21	US PELVIS (COMPLEX)	160	190	130	208	247	169	48	57	39
22	US GALLBLADDER	150	180	120	195	234	156	45	54	36
23	US GALLBLADDER (COMPLEX)	210	250	170	273	325	221	63	75	51
24	US SCROTUM/TESTIS	120	140	95	156	182	123.5	36	42	28.5
25	US SCROTUM/TESTIS (COMPLEX)	160	190	130	208	247	169	48	57	39
26	US SMALL PARTS/ONE ORGAN	120	140	95	156	182	123.5	36	42	28.5
27	US SMALL PARTS/ONE ORGAN (COMPLEX)	160	190	130	208	247	169	48	57	39
28	US ANTENATAL /PREGNANCY	80	100	60	104	130	78	24	30	18
29	US ANTENATAL /PREGNANCY (COMPLEX)	110	130	90	143	169	117	33	39	27
30	US DETAILED SCAN OF FOETUS>24 WEEKS	100	120	80	130	156	104	30	36	24
31	US DETAILED SCAN OF FOETUS>24 WEEKS (COMPLEX)	140	170	110	182	221	143	42	51	33
32	US DOPPLER-SCROTUM	250	300	200	325	390	260	75	90	60
33	US DOPPLER-BOTH CAROTIDS	300	360	240	390	468	317	90	108	72
34	US ABDOMINAL AORTA WITH DOPPLER	250	300	200	325	390	260	75	90	60
35	US DOPPLER-VEINS (SINGLE LIMB)	250	300	200	325	390	260	75	90	60
36	US DOPPLER-VEINS (BOTH LIMBS)	400	480	320	520	624	416	120	144	96

PETIKAN JAWATANKUASA TETAP KEWANGAN
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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
37	US DOPPLER-ARTERIES (SINGLE LIMB)	300	360	240	390	468	312	90	108	72
38	US DOPPLER-ARTERIES (BOTH LIMBS)	400	480	320	520	624	416	120	144	96
39	US DOPPLER-LIVER	300	360	240	390	468	312	90	108	72
40	US DOPPLER-KIDNEYS	300	360	240	390	468	312	90	108	72
41	US DOPPLER - PENIS	350	420	280	455	546	364	105	126	84
42	US GUIDED ASPIRATION	400	480	320	520	624	416	120	144	96
43	US GUIDED BIOPSY - LIVER	350	420	280	455	546	364	105	126	84
44	US GUIDED BIOPSY- BREAST	350	420	280	455	546	364	105	126	84
45	US GUIDED BIOPSY - LUNG	350	420	280	455	546	364	105	126	84
46	US GUIDED BIOPSY-ABDOMEN/PERITO	350	420	280	455	546	364	105	126	84
47	US GUIDED BIOPSY- PLEURAL	350	420	280	455	546	364	105	126	84
48	US GUIDED BIOPSY - OTHERS	350	420	280	455	546	364	105	126	84
49	US GUIDED CYST/ABSCESS DRAINAGE	400	480	320	520	624	416	120	144	96
50	US GUIDED NEPHROSTOMY PYELOGRAM	400	480	320	520	624	416	120	144	96
51	US GUIDED PERCUTANEOUS ANTEGRADE PYELOGRAM	400	480	320	520	624	416	120	144	96
52	US FIDUCIAL- LIVER	400	480	320	520	624	416	120	144	96
53	US CYST ABLIATION	400	480	320	520	624	416	120	144	96
54	US HIP JOINT - RIGHT	300	360	240	390	468	312	90	108	72
55	US HIP JOINT - LEFT	300	360	240	390	468	312	90	108	72
56	US HIP JOINT (COMPLEX)	420	500	340	546	650	442	126	150	102
57	US KNEE JOINT - RIGHT	300	360	240	390	468	312	90	108	72

PETIKAN JAWATANKUASA TETAP KEWANGAN
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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
58	US KNEE JOINT - LEFT	300	360	240	390	468	312	90	108	72
59	UN KNEE JOINT (COMPLEX)	420	500	340	546	650	442	126	150	102
60	US ANKLE JOINT - RIGHT	300	360	240	390	468	312	90	108	72
61	US ANKLE JOINT - LEFT	300	360	240	390	468	312	90	108	72
62	US ANKLE JOINT (COMPLEX)	420	500	340	546	650	442	126	150	102
63	US HAND - RIGHT	300	360	240	390	468	312	90	108	72
64	US HAND - LEFT	300	360	240	390	468	312	90	108	72
65	US HAND (COMPLEX)	420	500	340	546	650	442	126	150	102
66	US SHOULDER JOINT - RIGHT	300	360	240	390	468	312	90	108	72
67	US SHOULDER JOINT - LEFT	300	360	240	390	468	312	90	108	72
68	US SHOULDER JOINT COMPLEX	420	500	340	546	650	442	126	150	102
69	US WRIST JOINT - RIGHT	300	360	240	390	468	312	90	108	72
70	US WRIST JOINT - LEFT	300	360	240	390	468	312	90	108	72
71	US WRIST JOINT (COMPLEX)	420	500	340	546	650	442	126	150	102
72	US ELBOW JOINT - RIGHT	300	360	240	390	468	312	90	108	72
73	US ELBOW JOINT - LEFT	300	360	240	290	468	312	90	108	72
74	US ELBOW JOINT (COMPLEX)	420	500	340	546	650	442	126	150	102

PETIKAN JAWATANKUASA TETAP KEWANGAN
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2.0 Caj Perkhidmatan CT SCAN

Lampiran F
(Minit 4/2(2010))

SENARAI KADAR CAJ PEMERIKSAAN CT SCAN KADAR CAJ ELAUN UNTUK PAKAR SELEPAS WAKTU PEJABAT DI PUSAT PEMGIMEJAN DIAGNOSTIK NUKLEAR, FPSK UPM

BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
1	CT Scan Brain without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
2	CT Scan Brain with contrast	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
3	CT Scan Base of Skull	350.00	700.00	280.00	455.00	910.00	354.00	105.00	210.00	84.00
4	CT Scan Facial Bone	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
5	CT Scan Facial Bone 3D	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
6	CT Scan Facial Bone Mandible	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
7	CT Scan Facial Bone Maxilla	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
8	CT Scan Orbits without contrast	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
9	CT Scan Orbits with contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
10	CT Scan Paranasal Sinuses without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
11	CT Scan Paranasal Sinuses with contrast	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
12	CT Scan Pituitary Fossa without contrast	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
13	CT Scan Pituitary Fossa with contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
14	CT Scan Postnasal Space without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
15	CT Scan Postnasal Space with contrast	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
16	CT Scan Temporal Bone	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00

PETIKAN JAWATANKUASA TETAP KEWANGAN
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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
17	CT Scan HRCT Temporal Bone	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
18	CT Scan Temporal Bone-Cochlear	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
19	CT Scan Temporal Bone-IAC	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
20	CT Scan Temporal Bone-Mastoids	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
21	CT Scan OMC Paranasal Sinuses	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
22	CT Scan 3D Skull	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
23	CT Scan IAM without contrast	300.00	700.00	240.00	390.00	910.00	312.00	90.00	210.00	72.00
24	CT Scan IAM with contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
25	CT Scan Neck without contrast	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
26	CT Scan Neck with contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
27	CT Scan Thorax without contrast	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
28	CT Scan Thorax with contrast	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
29	CT Scan Thorax HRCT	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
30	CT Scan Abdomen without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
31	CT Scan Abdomen with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
32	CT Scan Upper Abdomen without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
33	CT Scan Upper Abdomen with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
34	CT Scan Pancreas without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
35	CT Scan Pancreas with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
36	CT Scan Abdomen Pelvis with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
37	CT Scan CTU without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
38	CT Scan Liver without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00

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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
39	CT Scan Liver with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
40	CT Scan Kidneys without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
41	CT Scan Kidneys with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
42	CT Scan Colonoscopy	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
43	CT Scan Pelvis without contrast	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
44	CT Scan Pelvis with contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
45	CT Scan Upper Extremities without contrast (one region)	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
46	CT Scan Upper Extremities with contrast (one region)	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
47	CT Scan Lower Extremities without contrast (one region)	300.00	600.00	240.00	390.00	780.00	312.00	90.00	180.00	72.00
48	CT Scan Lower Extremities with contrast (one region)	400.00	800.00	320.00	520.00	1,040.00	416.00	120.00	240.00	96.00
49	CT Scan Upper Extremities without contrast (both)	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
50	CT Scan Upper Extremities with contrast (both)	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
51	CT Scan Drainage	1,069.00	1,519.00	979.00	1,389.70	1,974.70	1,272.70	320.70	455.70	293.70
52	CT Scan Biopsy	969.00	1,319.00	899.00	1,259.70	1,717.70	1,168.70	290.70	395.70	269.70
53	CT Scan Myelo-Cervical	1,069.00	1,519.00	979.00	1,389.70	1,974.70	7,272.70	320.70	455.70	393.70
54	CT Scan Myelo-Cisternography	1,069.00	1,519.00	979.00	1,389.70	1,974.70	1,272.70	320.70	455.70	293.70
55	CT Scan Myelo-Lumbar	1,069.00	1,519.00	979.00	1,389.70	1,974.70	1,272.70	320.70	455.70	293.70
56	CT Scan Myelo-Thoracic	1,069.00	1,519.00	979.00	1,389.70	1,974.70	1,272.70	320.70	455.70	293.70
57	CT Scan Cervical Spine without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
58	CT Scan Cervical Spine with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
59	CT Scan Thoracic Spine without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
60	CT Scan Thoracic Spine with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00
61	CT Scan Lumbar Spine without contrast	350.00	700.00	280.00	455.00	910.00	364.00	105.00	210.00	84.00
62	CT Scan Lumbar Spine with contrast	450.00	900.00	360.00	585.00	1,170.00	468.00	135.00	270.00	108.00

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BIL.	PEMERIKSAAN	KADAR CAJ HARGA WAKTU PEJABAT			KADAR CAJ HARGA SELEPAS WAKTU PEJABAT			BAYARAN TAMBAHAN KEPADA PAKAR SELEPAS WAKTU PEJABAT		
		WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)	WARGANEGARA (RM)	BUKAN WARGANEGARA (RM)	STAF UPM (RM)
63	CT Scan Whole Body without contrast	850.00	1,200.00	780.00	1,105.00	1,560.00	1,014.00	255.00	360.00	234.00
64	CT Scan Whole Body with contrast	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
65	CT Scan Neck/Thorax/Abd/Pelvis with contrast	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
66	CT Scan Thorax/Abd/Pelvis with contrast	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
67	CT Scan Neck/Thorax with contrast	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
68	CT Anglo-Renal	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
69	CT Anglo-Abdomen	850.00	1,200.00	780.00	1,105.00	1,560.00	1,014.00	255.00	360.00	234.00
70	CT Anglo-Aorta	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
71	CT Anglo-Abdominal Aorta	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
72	CT Anglo-Thoracic Aorta	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
73	CT Anglo-Carotid	950.00	1,400.00	860.00	1,235.00	1,620.00	1,118.00	285.00	420.00	258.00
74	CT Anglo-Liver	850.00	1,200.00	780.00	1,105.00	1,560.00	1,014.00	255.00	360.00	234.00
75	CT Anglo-Pulmonary	950.00	1,400.00	360.00	1,235.00	1,820.00	468.00	285.00	420.00	108.00
76	CT Anglo-Circle of Willis	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
77	CT Anglo-Intervetebra Jugular Vein	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
78	CT Anglo-Upper Limb	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
79	CT Anglo-Lower Limb	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
80	CT Anglo-Inferior Vena Cava	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
81	CT Anglo-Coronary	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
82	CT Anglo-Cerebral Vessel	950.00	1,400.00	860.00	1,235.00	1,820.00	1,118.00	285.00	420.00	258.00
83	CT Calcium Scoring	900.00	1,300.00	820.00	1,170.00	1,690.00	1,066.00	270.00	390.00	245.00

3.0 Caj Perkhidmatan PET CT

Sila Rujuk Kadar Baru PET CT . (Minit 8/2/2011 bertarikh 19 Ogos 2011)

4.0 Caj Perkhidmatan/Elaun Tambahan Kepada Pakar Yang Membuat Pemeriksaan Selepas Waktu Pejabat

HELD AT | ON | TIME

Lampiran H
{Minit 4/2(2010)}

PELAKSANAAN BAYARAN TAMBAHAN DAN ELAUN BERTUGAS ATAS PANGGILAN SELEPAS WAKTU PEJABAT, PPDN, FPSK, UPM

1. Perkhidmatan selepas waktu pejabat akan mula beroperasi setelah mendapat persetujuan pihak pengurusan FPSK dan berdasarkan keperluan semasa.

2 Perkhidmatan atas panggilan bekerja selepas waktu pejabat untuk pakar :-

2.1 Staf yang terlibat :-

(a) pakar Radiologi PPDN; dan
(b) Pakar Radiologi 'locum'

2.2 Waktu yang ditetapkan :-

(a) Isnin – Khamis : 5.00 petang sehingga 8.00 pagi;
(b) Sabtu dan Ahad; dan
(c) Hari Kelepasan Am

2.3 Bayaran yang layak (yang berkenaan) :-

(a) Kadar bayaran kepada pakar radiologi yang terlibat adalah mengikut bilangan kes yang dikendali iaitu 30% daripada caj yang dikenakan (waktu pejabat) ke atas pesakit pada setiap pemeriksaan Ultrasound dan CT Scan. Senarai kadar bayaran adalah seperti di **Lampiran 1 dan 2** (*kadar ini merujuk kepada Akta 'Private Health Care Facilities and Services' 2006*); dan

(b) bayaran elaun untuk perkhidmatan atas panggilan (*stand by*) yang menjalankan tugas diluar waktu bekerja biasa **melebihi 16 jam** sehari secara berterusan pada:-

i. Hari bekerja biasa – Isnin sehingga Jumaat : **RM150**
ii. Hari Cuti mingguan dan hari cuti am : **RM170**

(kadar ini merujuk kepada pekeliling kadar atas panggilan Pakar Perubatan, Kementerian Kesihatan Malaysia)

HELD AT	ON	TIME

3. Perkhidmatan atas panggilan bekerja selepas waktu pejabat untuk staf sokongan :-

3.1 Staf PPDN yang terlibat adalah bahagian klinikal sahaja dengan maksima penglibatan staf selepas waktu pejabat adalah tiga (3) orang sahaja seperti yang berikut :-

(a) Juru X-Ray;
(b) Jururawat; dan
(c) Atendan Kesihatan

3.2 Waktu yang ditetapkan :-

Waktu anjal yang telah mendapat kelulusan:-

Staf A : 6.30 pagi hingga 3.30 petang
Staf B : 8.00 pagi hingga 5.00 petang

(a) Pada hari bekerja biasa merupakan sebarang kerja yang dilaksanakan diluar waktu yang diperuntukkan iaitu bagi **Staf A**: selepas 3.30 petang dan **Staf B** : selepas 5.00 petang;
(b) Sabtu dan Ahad; dan
(c) Hari Kelepasan Am.

3.3 Bayaran yang layak (yang berkenaan) :-

Elaun panggilan bekerja selepas waktu pejabat untuk staf sokongan mengikut Pusat Kesihatan Universiti (PKU) UPM iaitu Petikan Minit Mesyuarat JKTK Ke-79 pada 30 Oktober 1996 iaitu seperti berikut :-

Bil	Kakitangan terlibat	Caj/jam (RM)	Tuntutan Perjalanan/km (RM)
1	Juru X-Ray	23	**0.50**
2	Jururawat	23	**0.50**
3	Atendan Kesihatan	12	**0.40**

4. Semua tuntutan elaun dan bayaran tambahan akan mengikut proses kewangan yang berkuatkuasa.

Mesyarat JKTK
31 MEI 2010