Quality and Accreditation Institute Centre for Accreditation of Health & Social Care



Change Adapt Improve

FEE STRUCTURE OF AMBULATORY CARE FACILITIES

Issue No.: 01 Issue Date: January 2023

Quality and Accreditation Institute					
Centre for Accreditation of Health and Social Care					
Doc. No.: QAI CAHSC 704	Doc. No.: QAI CAHSC 704 Fee Structure for Ambulatory Care Facility				
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CHANGE HISTORY

SI. No.	Doc. No.	Current Issue No.	New Issue No.	Date of Issue	Reasons

Quality and Accreditation Institute				
Centre for Accreditation of Health and Social Care				
Doc. No.: QAI CAHSC 704	Doc. No.: QAI CAHSC 704 Fee Structure for Ambulatory Care Facility			
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Fee structure for Imaging Facility (according to practice category) operating within India

Practice Category (based on no.	Assessme	nt Criteria	Accreditation Fee	
of modalities present)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Small Practice, 1 modality	Two-man day (2x1)	One-man day (1x1)	10000	30000
Medium Practice, 2 modalities	Two-man day (2x1)	One-man day (1x1)	15000	40000
Large Practice, 3 or more than 3 modalities	Four-man days (2x2)	Two-man days (2x1)	20000	60000

Fee structure for Eye Care Facility (total number of surgery) operating within India

Total Number of Surgeries			Accreditation Fee	
(including Laser Refractive per year)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Less than 500	Two-man days (2x1)	One-man day (1x1)	10000	25000
501 - 1500	Four-man days (2x2)	Two-man days (2x1)	20000	40000
1501 - 10000	Four-man days (2x2)	Two-man days (2x1)	25000	75000
More than 10000	Six-man days (3x2)	Four-man days (2x2)	40000	150000

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Fee structure for Dental Care Facility (according to type of dental facility) operating within India

Type of Dental facility	Assessmer	nt Criteria	Accreditation Fee	
(Number of dental chairs in clinic/ facility without inpatients)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
1-3	One-man day (1x1)	One-man day (1x1)	5000	15000
4-8	One-man day (1x1)/ Two-man days (2x1)/	One-man day (1x1)	15000	40000
9-15	Two-man days (2x1)/ Four-man days (2x2)	One-man day (1x1)/ Two-man days (2x1)	20000	60000
Without inpatient	Four-man days (2x2)	Two-man days (2x1)	33000	110000

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Fee structure for Chemotherapy Centre / Day Care Surgery Centre / Specialised Clinics

Ambulatory Care Facility	Assessment Criteria		Accreditation Fee	
racinty	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Chemotherapy Centre	One-man days (1x1)/ Two-man day (1x2 or 2x1)	One-man day (1x1)	20000	60000
Day Care Surgery Centre	One-man days (1x1)/ Two-man day (1x2 or 2x1)	One-man day (1x1)	20000	60000
Specialised Clinics like, Diabetology, Dermatology, ENT, Mental Health, Cosmetics & Wellness etc.	One-man days (1x1)/ Two-man day (1x2 or 2x1)	One-man day (1x1)	20000	60000

Fee structure for Blood Banks and Blood Centres

Size of Blood Bank (units collected)	Assessment Criteria		Accreditation Fee	
(units conecteu)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
< 5000/ annum One man-day	Four-man days (2x2)	Two-man day (2x1)	10000	50000
5001 – 20000/ annum	Six -man days (3x2)	Four-man day (2x2)	25000	75000
> 20000/ annum	Nine-man days (3x3)	Four-man day (2x2)	40000	100000

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NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the facility. A nominal fee may be charged for remote or hybrid assessment.

In addition to the above-mentioned fee, GST@18.0 % or as applicable from time to time to be paid.

Assessment Charges: In addition to the above fee, facility shall bear the cost of following (in case of onsite/ hybrid assessment):

- a. Travel of the assessment team
- b. Accommodation and meals

Fee Payment:

Bank Transfer details are:

Beneficiary name: Quality and Accreditation Institute Pvt. Ltd. Beneficiary address: A-34, Sector 48, Noida-201304, India

Bank Account number: 003105031612

Bank Details: ICICI Bank Limited, K-1, Senior Mall, Sector 18, Noida-201301, India

Bank IFSC Code: ICIC0000031 Bank Swift Code: ICICINBBNRI

PAN No.: AADCI3230L GSTIN: 09AADCI3230L1ZK

Note: Any bank charges for transfer of fee are to be paid by the sender.

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Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care

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