

IJSC “Seesam Latvia” price list for health care services in 2011

IJSC “Seesam Latvia” price list for health care services for services foreseen in individual’s insurance program and that are received outside the organizations with mutual contracts

Dental services		
Code	Name of service	Price, Ls
2	Dental x-rays	3.00
3	Anesthesia	4.00
4	Consultation	10.00
5	Orthopantomogram (OPG)	15.00
6	Dental filling with helio materials	
7	1 surface	21.00
8	2 surfaces	32.00
9	3 surfaces	32.00
10	4 surfaces	37.00
11	Dental filling with silver amalgam	
12	1 surface	21.00
13	2 surfaces	27.00
14	3 surfaces	35.00
15	4 surfaces	37.00
16	Root canal treatment (without dental filling)	
17	Endodontic treatment for tooth with 1 canal	50.00
18	Endodontic treatment for tooth with 2 canals	80.00
19	Endodontic treatment for tooth with 3 canals	115.00
20	Temporary filling	6.00
21	Temporary filling + treatment lining containing Ca	15.00
22	Placing of cofferdam	5.00
23	Dental surgery	
24	Extraction of single-rooted tooth	15.00
25	Extraction of 2-root tooth	20.00
26	Complicated tooth or root remains	25.00
27	Oral hygiene	40.00

Prices changes are possible depending on changes submitted by the organizations that “Seesam Latvia” has mutual contracts with.

If the insured person submits a document approving a payment for services that are not given in the price list then remuneration will be calculated by assessing average prices for this service of organizations with mutual contracts.

If the insured person submits a document approving payment for service received in the organization with a mutual contract then the remuneration is calculated as 100 % of the amount for the certain service pursuant to the price list of the institution without taking into account this price list and pursuant to a health insurance policy of the person insured. To receive remuneration it is necessary to submit a document approving a payment together with medical documentation approving the necessity of the service received pursuant to medical indications.

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Treatments					
Code	Name of service	Price, Ls	Code	Name of service	Price, Ls
1	First-time consultation of optometrist	20.00	39	First-time consultation of osteopathic practitioner	20.00
2	Subsequent consultation of optometrist	15.00	40	Subsequent consultation of osteopathic practitioner	15.00
3	First-time consultation of vascular surgeon	20.00	41	First-time consultation of homeopath	20.00
4	Subsequent consultation of vascular surgeon	15.00	42	Subsequent consultation of homeopath	15.00
5	First-time consultation of dermatologist	20.00	43	Consultation of physiotherapist	10.00
6	Subsequent consultation of dermatologist	15.00	44	Consultation of a doctor of physical medicine	10.00
7	First-time consultation of endocrinologist	20.00	45	Consultation of rehabilitation specialist	10.00
8	Subsequent consultation of endocrinologist	15.00	46	Consultation of highly qualified specialist, professor, assistant professor (except consultation of rehabilitation specialist)	35.00
9	First-time consultation of gynecologist	20.00	47	First-time consultation of gastroenterologist	20.00
10	Subsequent consultation of gynecologist	15.00	48	Subsequent consultation of gastroenterologist	15.00
11	First-time consultation of general practitioner	20.00	49	Mandatory health check on specialist	5.00
12	Subsequent consultation of general practitioner	15.00	50	Home visit of health professional (with transport)	15.00
13	First-time consultation of hematologist	20.00	51	Injection i/m, i/c, s/c	3.00
14	Subsequent consultation of hematologist	15.00	52	Injection i/a	10.00
15	First-time consultation of hepatologist	20.00	53	Injection i/v	5.00
16	Subsequent consultation of hepatologist	15.00	54	Blockade	
17	First-time consultation of internist	20.00	54.1	Blockade by infiltrating process	10.00
18	Subsequent consultation of internist	15.00	54.2	Epidural blockade	30.00
19	First-time consultation of cardiologist	20.00	55	Intravenous infusion (system)	7.50
20	Subsequent consultation of cardiologist	15.00	56	Physical therapy treatment	up to 5.00
21	First-time consultation of surgeon	20.00	57	USG	
22	Subsequent consultation of surgeon	15.00	57.1	USG of mammary glands up to	up to 15.00
23	First-time consultation of otorhinolaryngologist	20.00	57.2	USG of abdominal cavity up to	up to 15.00
24	Subsequent consultation of otorhinolaryngologist	15.00	57.3	Gynecological USG up to	up to 20.00
25	First-time consultation of neurosurgeon	20.00	57.4	Joint USG up to	up to 20.00
26	Subsequent consultation of neurosurgeon	15.00	57.5	USG (except Articles 57.1, 57.2, 57.3)	up to 15.00
27	First-time consultation of neurologist	20.00	58	Advanced 3-D/4-D program	up to 50.00
28	Subsequent consultation of neurologist	15.00	59	Endoscopic examinations and expenses related to them	up to 40.00
29	First-time consultation of oncologist	20.00	60	Computed tomography examinations and expenses related to them	up to 50.00
30	Subsequent consultation of oncologist	15.00	61	Magnetic resonance imaging examinations and expenses related to them	up to 80.00
31	First-time consultation of pediatrician	20.00	62	Dopplerography ultrasound examinations and expenses related to them	up to 25.00
32	Subsequent consultation of pediatrician	15.00	63	Scintigraphy tests and expenses related to them	up to 50.00
33	First-time consultation of proctologist	20.00			
34	Subsequent consultation of proctologist	15.00			
35	First-time consultation of traumatologist-orthopaedist	35.00			
36	Subsequent consultation of traumatologist-orthopaedist	20.00			
37	First-time consultation of urologist	20.00			
38	Subsequent consultation of urologist	15.00			

For patients stipulated in Article 40 of Cabinet’s Regulations No 1046, consultations of general practitioners, pediatricians, internists are covered in the amount of the patient’s fee!!!

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