PRICE LIST FOR PAID MEDICAL SERVICES

THE STAY OF THE PATIENT IN THE OFFICE "CITY CLINICAL MATERNITY HOSPITAL №2"

FOR FOREIGN CITIZENS

**Ward stay**

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| **No.** | **Service name** | **Unit of measure** | **Tariff, rub.** |
| 6.3. | Postnatal period | Bed/day | 108.02 |
| 6.5. | Stay in the Department of pathology of pregnancy | Bed/day | 77.64 |
| 6.7. | Stay in the intensive care unit | Bed/day | 150.65 |
| 6.8. | Gynecology department stay | Bed/day | 85.73 |
| 6.9. | Stay in the house of family type in the postpartum period | Bed/day | 167.69 |

The stay of the patient in the office