



**Table 1. Healthcare Cluster**

Commercial License & Clinical Operating Permit Fees						
Healthcare			One Time Service Fee (New Business Partners Only)			
Segment/Activity	Commercial License	Operating Permit	Commercial Registration	Pre-Op Assessment	Post-Op Survey (6 months)	
<b>Clinical In-Patient</b>						
Hospital (General/Specialty/Teaching)	Less than 50 Beds	25,000	21,750	3,500	3,750	3,750
	51-100 Beds	29,000	32,250	3,500	6,000	6,000
	101-150 Beds	37,000	39,250	3,500	7,500	7,500
	151 Beds and Above	45,000	46,250	3,500	9,000	9,000
Home Healthcare Provider (Part of General or Specialty Hospital only)		NIL	9,250	NIL	3,750	NIL
Hospice Care Center		15,000	14,850	3,500	3,000	3,000
In-Patient, Rehabilitation Center (Behavioral/ Physical/ Pediatric)		15,000	17,500	3,500	3,750	3,750
Long Term Care Center/ Nursing Home		15,000	8,000	3,500	2,000	2,000
<b>Clinical Out-Patient</b>						
Multi-Specialty Clinic	Up to 2 specialties	15,000	14,250	3,500	3,000	-
	3-6 specialties	15,000	20,400	3,500	3,000	-
	7 specialties and above	15,000	23,900	3,500	3,000	-
Single Specialty	Up to 3 Physicians	15,000	6,750	3,500	2,000	-
	More than 3 Physicians	15,000	12,500	3,500	2,000	-
Outpatient Rehabilitation Center (Behavioral/ Physical/ Pediatric)		15,000	14,300	3,500	3,750	-
Outpatient Surgical Clinic		15,000	21,500	3,500	3,000	-
Clinical Support Facility		15,000	6,750	3,500	2,000	-
Renal Dialysis Center		15,000	14,250	3,500	3,000	-
Gastrointestinal Endoscopy Center		15,000	14,250	3,500	3,000	-

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DHCR Price List 2018 V8



Commercial License & Clinical Operating Permit Fees					
Healthcare			One Time Service Fee (New Business Partners Only)		
Segment/Activity	Commercial License	Operating Permit	Commercial Registration	Pre-Op Assessment	Post-Op Survey (6 months)
Fertility Center	15,000	20,500	3,500	3,000	-
Sleep Medicine Center	15,000	18,800	3,500	3,000	-
Medical Fitness Center	15,000	18,800	3,500	2,000	-
School/Nursery/Hotel Clinic	NIL	6,750	NIL	2,000	-
First Aid Unit	NIL	6,500	NIL	2,000	-
Telehealth Center	15,000	11,150	3,500	2,000	-
<b>Patient Support Services</b>					
Patient Escort Services	15,000	4,750	3,500	-	-
<b>Pharmacy</b>					
Community Pharmacy (including Compounding Pharmacy)	15,000	7,000	3,500	2,000	-
Hospital / Inpatient Pharmacy	NIL	4,750	NIL	2,000	-
Internal Pharmacy (part of Outpatient Clinic)	NIL	4,750	NIL	2,000	-
<b>Diagnostic Center and Medical Laboratories</b>					
Clinical Laboratory	15,000	8,150	3,500	3,000	3,000
Radio Diagnostic Center	15,000	8,150	3,500	3,000	3,000
Diagnostic Center (Clinical Laboratory & Radiology)	15,000	11,100	3,500	3,000	3,000
<b>Non-Diagnostic Medical Laboratories</b>					
Stem Cell Processing/Storage Center	15,000	7,650	3,500	3,000	3,000
Therapeutic Biological Product Manufacturing Laboratory	15,000	7,650	3,500	3,000	3,000



**Table 1.1 Additional Services for Healthcare Cluster**

Additional Service Fees for Healthcare		
Service Description	Fees (AED)	
Attestation of Sick Leave Certificate (per Certificate)	50	
Attestation of Controlled/ Narcotic Prescription Pads	50	
Verification of Controlled/ Narcotic Medications Application	50	
Attestation of Documents – Others (per document)	50	
Attestation of Scientific Offices Application	100	
Attestation of Medical Report (per report)	100	
Change in Pharmacist/ Doctor In-Charge	250	
DHCR Outpatient Clinic Quality Standards & User Guide	400	
Translation fee - Clinical Complaints Decision Letter	700	
Review of Facility Proposal – Application/Product/Service	1500	
Accreditation Support	Initial	Per Additional Visit
Hospital and Inpatient < or=50 beds	6,600	4,600
Hospital and Inpatient 51-100 beds	8,800	6,160
Hospital and Inpatient 101- 150 beds	13,200	9,200
Hospital and Inpatient >150 beds	19,800	13,900
Follow – Up Services	Fees (AED)	
Quality Re-Survey	3,000	
Pre-op Re-assessment	1,500	

Note: Refer to DHCR Price List for more details.