

**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	Pre-Op Assessment	Post-Op Survey (6 months)
<b>Clinical In-Patient</b>					
Hospital (General/Specialty/Teaching)	Less than 50 Beds	25,000	20,000	3,750	-
	51-100 Beds	29,000	30,000	6,000	-
	101-150 Beds	37,000	45,000	7,500	-
	151 Beds and Above	45,000	45,000	9,000	-
Home Healthcare Provider (Part of General or Specialty Hospital only)		-	6,500	3,000	-
Hospice Care Center		15,000	14,250	3,000	-
In-Patient, Rehabilitation Center (Behavioral/ Physical/ Pediatric)		15,000	14,250	3,000	-
Long Term Care Center/ Nursing Home		15,000	14,250	3,000	-
<b>Clinical Out-Patient</b>					
Multi-Specialty Clinic	Up to 2 specialties	15,000	14,250	3,000	-
	3-6 specialties	15,000	20,250	3,000	-
	7 specialties and above	15,000	23,500	3,000	-
Single Specialty		15,000	6,500	2,000	-
Outpatient Rehabilitation Center (Behavioral/ Physical/ Pediatric)		15,000	14,250	3,000	-
Outpatient Surgical Clinic		15,000	21,500	3,000	-

Commercial License & Clinical Operating Permit Fees				
Healthcare			One Time Service Fee (New Business Partners Only)	
Segment/Activity	Commercial License	Operating Permit	Pre-Op Assessment	Post-Op Survey
<b>Clinical Out-Patient (continued)</b>				
Clinical Support Facility	15,000	6,500	2,000	-
Renal Dialysis Center	15,000	14,250	3,000	-
Gastrointestinal Endoscopy Center	15,000	14,250	3,000	-
Fertility Center	15,000	20,250	3,000	-
Sleep Medicine Center	15,000	14,250	3,000	-
Medical Fitness Center	15,000	14,250	3,000	-
School/Nursery/Hotel Clinic	-	6,500	2,000	-
First Aid Unit	-	6,500	2,000	-
Telehealth Center	15,000	14,250	2,000	-
<b>Patient Support Services</b>				
Patient Escort Services	15,000	4,750	-	-
<b>Pharmacy</b>				
Community Pharmacy (including Compounding Pharmacy)	15,000	6,500	2,000	-
Hospital / Inpatient Pharmacy	-	5,000	2,000	-
Internal Pharmacy (part of Outpatient Clinic)	-	5,000	2,000	-
<b>Diagnostic Center and Medical Laboratories</b>				
Clinical Laboratory	15,000	7,500	3,000	3,000
Radio Diagnostic Center	15,000	7,500	3,000	3,000
Diagnostic Center (Clinical Laboratory & Radiology)	15,000	7,500	3,000	3,000
<b>Non-Diagnostic Medical Laboratories</b>				
Stem Cell Processing/Storage Center	15,000	7,500	3,000	3,000
Therapeutic Biological Product Manufacturing Laboratory	15,000	7,500	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	
Advertising Services	Fees (AED)	
SMS (up to 5 SMS per application)	100	
One-Page-Content material (Flyer, rollup, poster, handout)	100	
2-6 pages content material (Brochure, handout, mini Booklet, pocket manual)	300	
More than 6 pages content material (Booklet, Book, manual)	500	
Website (per URL address)	500	
TV and Radio (per Adv.)	500	
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	