

Fees for Healthcare Operators and Professionals Effective from 1st April, 2012

Note: Fees are inclusive of all related & miscellaneous administrative services to form a package price.

Initial Application Form Fee

Tenant / Investor Area	G.F.A. (sq. ft.) Range of Area Reviewed	Fees (AED)
Category 1	600 – 5,000	3,100
Category 2	5,001+	7,300
Modification ¹	For all	2,500
Reactivation ²	For all	2,500

¹ Any changes and additions to the concept which may result in service, location, space or business name change require modification of the Initial Application Form.

² To re-open an application declared to be inactive due to lack of client response or through client self-declaring its withdrawal.

License Fees for Healthcare Professionals

Clinical License / Letter of Acceptance³ Fees

License fees apply for each facility at which a healthcare professional operates. Those operating at multiple facilities shall be subject to fees per facility at license renewal ⁷.

Healthcare Professional	Total License Fee For 2 Year Term (AED)
Physician/Dentist	7,000
Nurse	2,800
Allied Health Professional	2,800
Trainee License ⁴	2,800-5,300
Certificate	1,500
Temporary Faculty License ⁵	2,600
Doctor of Medicine with a CAM Specialty	8,600
Doctor of CAM	8,600
Associate Doctor of CAM	8,600
CAM Instructor	8,600
Acupuncture/Cupping Therapist	6,500
CAM – Tai Chi/Yoga/Therapeutic Massage	2800
Reactivation ⁶	600

³ This option is utilized by the healthcare professionals who are not registered with a healthcare operator.

⁴ License issued to students; valid for either one year or the duration of the academic program.

⁵ This is a one-year term license to Faculty under supervision.

⁶ To reopen an application declared to be inactive due to lack of client response or through client self-declaring its withdrawal or due to unemployment in DHCC.

⁷ A fee of AED 1,500/- is applicable for each additional facility



Healthcare Professional	Renewal of Professional License Fee (every second year) For 2 Year Term (AED)
Physician/Dentist	3,000 ⁸
Nurse	1,000 ⁹
Allied Health Professional	1,000 ⁹
Temporary Faculty License Certificate	1,300 ⁹
750	
Doctor of Medicine with a CAM Specialty	3,000 ⁸
Doctor of CAM	1,500
Associate Doctor of CAM	1,500
CAM Instructor	1,500
Acupuncture/Cupping Therapist	1,500
CAM – Tai Chi/Yoga/Therapeutic Massage	1,000
Reactivation of expired license	600
Late Renewal Fee (Physician/Dentist & Medical Doctor of CAM)	500 ⁸
Late Renewal Fee (others)	250 ⁹
License Cancellation Fee	500
Duplication of License/ Certificate	500
Verification of DHCC License	500
Certificate of Good Standing	500
Initial Application Review Fee	200

⁸ Late monthly fee of AED 500 will be applicable if not renewed within the specified time for every month of delay and to a maximum of 50% of the renewal fee

⁹ Late monthly fee of AED 250 will be applicable if not renewed within the specified time for every month of delay and to a maximum of 50% of the renewal fee

Certificate	Renewal of Certificate Fee (every second year) For 2 Year Term (AED)
Renewal of Certificate	750
Reactivation of expired certificate	600

Facility Design Submission Compliance Review

A review of a facility schematic (preliminary) and final (detailed) design construction documents as applicable to ensure compliance with DHCC Healthcare Facility Projects - Design and Construction Guidelines . Review fees are as follows:

Clinical and Public Health:-

Operator / Investor Area	G.F.A. (sq. ft.) Range of Area Reviewed	Fees (AED / sq. ft.)	For each additional Submission Fees (AED / sq. ft.)	Design ⁹ Modification Fees (AED/ sq.ft.)
Category 1	500 - 5,000	3.0	2.0	1.5
Category 2	5,001 - 12,000	2.5	1.75	1.25
Category 3	12,001 - 25,000	2.0	1.5	1.0
Category 4	25,001 - 100,000	1.5	1.15	0.75
Category 5	100,001 - 150,000	1.4	1.0	0.7
Category 6	150,001 - 300,000	1.25	0.75	0.6
Category 7	>300,000	1.0	0.65	0.5

Non-Clinical:-

Operator / Investor Area	G.F.A. (sq. ft.) Range of Area Reviewed	Fees (AED / sq. ft.)	For each additional Submission Fees (AED / sq. ft.)	Design ¹⁰ Modification Fees (AED/ sq.ft.)
Category 1	500 - 5,000	3.0	2.0	1.5
Category 2	5,001 - 12,000	2.5	1.75	1.25
Category 3	12,001 - 25,000	2.0	1.5	1.0
Category 4	25,001 - 100,000	1.5	1.15	0.75
Category 5	100,001 - 150,000	1.2	1.0	1.4
Category 6	150,001 - 300,000	1.0	0.65	0.5
Category 7	>300,000	0.8	0.6	0.4
Category 8	Shell and Core Building	1.5	N/A	N/A

¹⁰ Any changes or modifications in the design after the facility is operational will require re-submission of design with a design modification fee. This fee will apply only to the modified area.

Note: Any on-site investigation to be performed by the design consultants will be charged separately based on quoted hourly rate and actual expenditure incurred.

Fit-out – Minor Works Permit

Permits issued by CPQ for minor works, (excludes Civil, MEP, Fire Services and Specialised Services), are subject to a permit issuance fees as below.

Permit Issuance	Fee (AED)
Initial	1,000
Renewal	500

Pre Qualification of Design Consultants/Fit-out Contactors

Pre Qualification	Approval Certification Fee (AED)
Design Consultants	6,000
Fit-out Contractors	6,000

Clinical Operating Permit (COP) Fee

Healthcare Organization	Clinical Operating Permit Fees (AED) ¹¹ For 2 Year Term
Hospital 1- 50 beds	39,600
Hospital 51-100 beds	79,200
Hospital >100 beds	96,800
Single Specialty Clinic (1-3 physicians)	13,500
Single Specialty Clinic (4-6 physicians)	25,100
Single Specialty Clinic (>6 physicians)	38,500
Diagnostic Center (Lab or Radio diagnostic)	21,800
Diagnostic Center (Lab and Radio diagnostic)	31,700
Outpatient Surgical Clinic (1 OR)	37,300
Outpatient Surgical Clinic (2 OR's)	40,800
Outpatient Surgical Clinic (3 OR's)	44,300
Outpatient Surgical Clinic (> 3 OR's)	47,800
Hospice Care Center	42,400
Geriatric Center/Nursing Home	25,000
Home Healthcare Services	13,500
Multi-Specialty Clinic (2 specialties)	26,500
Multi-Specialty Clinic (3-6 specialties)	39,400
Multi-Specialty Clinic (>6 specialties)	51,200
Pharmacy <1,000 ft GFA	15,100
Pharmacy 1,000 – 3,000 ft GFA	17,600
Pharmacy >3,000 ft GFA	20,100
Clinical Support Facility	13,500
Clinical Research Center	21,800
Stem Cell Processing/Storage Center	21,800

¹¹ The initial Clinical Operating Permit (COP) fee includes two surveys: pre-operating assessment & the 6-month assessment.



Public Health Permit (POP) Fee

Facility	Public Health Operating Permit Fees (AED) ¹² For 2 Year Term
Hotel	50,000
Resort	50,000
Spa	Fees of non-clinical permit will apply
Childcare Facility	13,500
Optical Shop	13,500
Nutrition Center - Retail	11,500
Food Establishment < 600ft ²	11,000
Food Establishment > 600ft ²	13,500
Fitness Center	13,500
Water Activities	13,500
Aesthetic Services: -	-
Beauty Salon	13,500
Non-Therapeutic Massage Facility	13,500
Body Piercing Facility	10,600
Tattoo Facility	9,500
Tanning Salon	13,500
Nails Salon	11,500
Mixed Services (2-3 aesthetic services)	13,500
Mixed Services (>3 aesthetic services)	17,000

¹² The initial public health permit fee includes two surveys: pre-operating assessment & 6-month assessment

Non-Clinical Operating Permit (NOP) Fee

Area Ft ²	Non-Clinical Operating Permit Fees (AED) For 2 Year Term
<600	3,500
601 - 1,500	5,500
1,501 - 5,000	7,500
5,001 - 12,000	10,000
12,001 - 15,000	15,000
15,001 - 45,000	20,000
45,001 - 150,000	30,000
150,001 - 300,000	45,000
>300,000	50,000
Investor - Unit Owner	2,000
Investor – Developer	5,000



Renewal - Clinical Operating Permit (COP) Fee

Healthcare Organization	Renewal Clinical Operating Permit Fees (AED) For 2 Year Term
Hospital 1- 50 beds	25,800
Hospital 51-100 beds	55,500
Hospital > 100 beds	67,800
Single Specialty Clinic (1-3 physicians)	9,500
Single Specialty Clinic (4-6 physicians)	17,500
Single Specialty Clinic (>6 physicians)	27,000
Diagnostic Center (Lab or Radio diagnostic)	15,300
Diagnostic Center (Lab and Radio diagnostic)	22,200
Outpatient Surgery Center (1 OR)	26,000
Outpatient Surgery Center (2 OR's)	28,500
Outpatient Surgical Clinic (3 OR's)	31,000
Outpatient Surgical Clinic (> 3 OR's)	33,500
Hospice Care Center	29,700
Geriatric Center/Nursing Home	15,300
Home Healthcare Service	9,500
Multi-Specialty Clinic (2 specialties)	18,500
Multi-specialty Clinic (3-6 specialties)	27,600
Multi-specialty Clinic (>6 specialties)	35,900
Pharmacy <1,000 ft GFA	9,100
Pharmacy 1,000 – 3,000 ft GFA	11,600
Pharmacy >3,000 ft GFA	14,100
Clinical Support Facility	9,500
Clinical Research Center	15,300
Stem Cell Processing/Storage Center	15,300
Service	AED
Renewal of <i>Provisional</i> Clinical Operating Permit	500

Renewal Late Payment Fee

A late COP payment fee shall be charged at 1% for each late calendar day and to a maximum of 50% of the renewal fee. A fee payment may be appealed where it can be demonstrated the cause for lateness is contributed from other authorities.

Evidence of a Healthcare Operator's facility with an expired COP found operating may jeopardize the licensing status of that facility and continuance as a commercial entity in DHCC.



Renewal – Public Health Permit (POP) Fee

Facility	Renewal Public Health Operating Permit Fees (AED) For 2 Year Term
Hotel	35,000
Resort	35,000
Spa	Fees of Non-Clinical permit will apply
Childcare Facility	9,500
Optical Shop	9,500
Nutrition Center - Retail	8,100
Food Establishment < 600 ft ²	7,500
Food Establishment >600 ft ²	9,500
Fitness Center	9,500
Water Activities	9,500
Aesthetic Services¹¹: -	
Beauty Salon	9,500
Massage Facility	9,500
Body Piercing Facility	7,500
Tattoo Facility	6,700
Tanning Salon	9,500
Nails Salon	8,100
Mixed Services (2-3 services)	9,450
Mixed Services (>3 services)	11,900

Renewal – Non-Clinical Operating Permit (NOP) Fee

Area Ft ²	Renewal Non-Clinical Operating Permit Fees (AED) For 2 Year Term
<600	2,450
601 - 1,500	3,850
1,501 - 5,000	5,250
5,001 - 12,000	7,000
12,001 - 15,000	10,500
15,001 - 45,000	14,000
45,001 - 150,000	21,000
150,001 - 300,000	31,500
>300,000	35,000
Investor - Unit Owner	2,000
Investor – Developer	5,000



Academic & Research Permit Fees

Academic & Research Permit Categories	Total Permit Fees (AED) For 2 Year Term
Education Permit – Degree Granting	8,500
Education Permit – Continuing Medical Education (CME)	3,500
Education Permit – Postgraduate Medical Education (PGME)	8,500
Research Permit – In-Patient Hospital	8,500
Research Permit – Other HealthCare Operators	3,500

Renewal – Academic & Research Permit Fees

Renewal Academic & Research Permit Categories	Total Permit Renewal Fees (AED) For 2 Year Term
Education Permit – Degree Granting	5,500
Education Permit – Continuing Medical Education (CME)	3,000
Education Permit – Postgraduate Medical Education (PGME)	5,500
Research Permit – In-Patient Hospital	5,500
Research Permit – Other HealthCare Operators	3,000
Urgent Processing Fee (additional to the above)	1,500

CPD Accreditation Fees

CPD Program Duration	Total Accreditation Fees (AED)
<Four (4) hours	750
>Four (4) hours within one (1) day	1,500
Two (2) days	2,000
Three (3) days	3,000
>Three (3) days	3,500
Urgent Processing Fee (additional to the above)	1,500
CPD Certificate	30
Duplication of Certificate	50

Hospital Accreditation Support Fee

This includes the provision of all DHCC hospital standards/rules including education, surveys, review, and follow-up conducted by CPQ during the first 2 years of operation.

Hospital Size	AED
Hospital 1- 50 beds	6,600
Hospital 51-100 beds	8,800
Hospital > 100 beds	13,200

Comprehensive Assessment Survey Fee

This fee includes the post operating assessment of the facility. A single follow-up survey if required, CPQ accreditation to the facility and Quality Certificate. Comprehensive assessment surveys are performed biannually following 18 months of the healthcare organisations operation.

Healthcare Organization	AED
*Single Specialty Clinic (1 physician)	4,000
*Single Specialty Clinic (2-4 physicians)	6,000
*Single Specialty Clinic (>4 physicians)	9,000
Diagnostic Center (Lab or Radio diagnostic)	4,000
Diagnostic Center (Lab and Radio diagnostic)	8,000
Outpatient Surgery Center	10,900
Hospice	13,200
Outpatient Rehabilitation /Physical therapy center	11,900
Geriatric care center/Nursing Home	11,900
*Multi Specialty Clinic (2-6 specialties)	13,200
*Multi Specialty Clinic (>6 specialties)	16,500
Pharmacy	6,000
Clinical Support Services	4,000
Public Health Facility	4,000

*Facilities offering CAM services only will require paying 50% only of the above fees following the same categories

Re-survey Fee

A fee is incurred when re-survey is required following an unsuccessful comprehensive assessment survey and subsequent follow-up survey. Re-survey fee also applies to a second follow up survey conducted when a healthcare operator is not in compliance with core standards following a six month survey and subsequent follow-up survey.

Healthcare Organization	AED
*Single Specialty Clinic (1 physician)	1,600
*Single Specialty Clinic (2-4 physicians)	2,400
*Single Specialty Clinic (>4 physicians)	3,600
Diagnostic center (Lab or Radio diagnostic)	1,600
Diagnostic center (Lab and Radio diagnostic)	3,200
Outpatient surgery center	4,400
Long-term care center	5,300
Outpatient rehabilitation /physical therapy center	4,800
Geriatric care center/nursing home	4,800
*Multi specialty clinic (2-6 specialties)	5,300

*Multi specialty clinic (>6 specialties)	6,600
Pharmacy	2,400
Clinical Support Services	1,600
Public Health Facility	1,600

*Facilities offering CAM services only will require paying 50% only of the above fees following the same categories

Late Fees¹²:

5% addition to renewal operating permit fee prorated as per each 30 calendar days delay.

¹²Occurs if renewal fees of operating permits are not provided by due date

Pharmaceutical Inspection Services

Location	AED
Retail Pharmacy	500
Hospital	500
Drug Distribution Station or Hospital Ward	500
Outpatient Clinic	500
Outpatient Department	500
Chemotherapy Centre	500
Follow up inspection/investigation	250

Other Services

Service	AED
Transferring Ownership	Same as new License Fee
Authentication of Medical Reports and Birth Certificates	200
Sick Leave Certificate (Each)	50

Payment Method & Terms

Payment Options

- Cash
 - Credit card (on-site /dial-in payments)
 - Banker's check
 - Money order
- All Bank check or Money orders must be drawn in favor of "**Dubai Healthcare City**"
- Wire transfers are accepted, all fees amount payable in full i.e. all the bank charges are borne by the applicant. (Add in bank service charges applicable in wire transfer)

Please use the information below for wire transfers and ensure the name of the contact person or company is listed in the transfer:

Currency: **United Arab Emirates Dirham**
 Account name: **Dubai Healthcare City**
 Account Number: **0393100112**
 Bank: **Mashreq Bank**
 Branch: **Al Riqqa, Dubai, U.A.E**
 Swift: **BOMLAEADA**
 IBN: **AE680330000010393100112**

- Note:**
- Fees and charges are subject to periodic review and change without prior notice.**
 - The current fees & charges will be applicable at the time of the particular stage being processed.**
 - All fees are nonrefundable and payable in advance of service.**