



Republic of the Philippines  
**QUEZON CITY COUNCIL**

Quezon City  
22<sup>nd</sup> City Council

PO22CC-208

42<sup>nd</sup> Regular Session

ORDINANCE NO. SP- **3226** , S-2023

AN ORDINANCE AMENDING CERTAIN PROVISIONS OF ORDINANCE NO. SP-91, S-1993, OTHERWISE KNOWN AS THE QUEZON CITY REVENUE CODE, AS AMENDED, IMPOSING REGULATORY FEES AND CHARGES FOR SERVICES RENDERED BY THE CITY

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*Introduced by Councilor EDGAR "Egay" G. YAP*

*Co-Introduced by Councilors Bernard R. Herrera, Tany Joe "TJ" L. Calalay, Dorothy A. Delarmente, M.D., Joseph P. Juico, Nikki V. Crisologo, Charm M. Ferrer, Fernando Miguel "Mikey" F. Belmonte, Candy A. Medina, Aly Medalla, Dave C. Valmocina, Tatay Rannie Z. Ludovica, Godofredo T. Liban II, Kate Galang-Coseteng, Geleen "Dok G" G. Lumbad, Albert Alvin "Chuckie" L. Antonio III, Don S. De Leon, Wencerom Benedict C. Lagumbay, Atty. Anton L. Reyes, Imee A. Rillo, Raquel S. Malañgen, Irene R. Belmonte, Nanette Castelo-Daza, Marra C. Suntay, Joseph Joe Visaya, Alfred Vargas, MPA, Ram V. Medalla, Shaira "Shay" L. Liban, Aiko S. Melendez, Mutya Castelo, Maria Eleanor "Doc Ellie" R. Juan, O.D., Eric Z. Medina, Emmanuel Banjo A. Pilar, Vito Sotto Generoso, Victor "Vic" Bernardo, Alfredo "Freddy" Roxas and Julian Marcus D. Trono*

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*WHEREAS, under Sections 18 and 128 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, the City Government is authorized to create its own sources of revenues to defray the expenses of the government;*

*WHEREAS, effective delivery of services can be best achieved when the city would impose the fees for regulatory and other services in an amount that is sustainable and would eliminate subsidy, so public funds can be efficiently utilized and channeled to provide social services to QC residents.*

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NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN  
REGULAR SESSION ASSEMBLED:

SECTION 1. Section 61, Article 20, Chapter V of the Quezon City  
Revenue Code of 1993 is hereby amended to read as follows:

"IMPOSITION OF FEES. – As a prerequisite for the use of  
instrument of weights and measures, every person within  
Quezon City using such instruments in his business, profession  
or calling shall have them tested and sealed annually and pay  
the fees therefor to the City Treasurer, as follows:

- a) For sealing of linear metric measures instruments  
for LENGTH, per unit ..... 50.00
- b) For sealing of metric instruments for LITERS, per  
unit ..... 50.00
- c) For sealing of metric instruments for KILOGRAMS, per unit
  - With capacity of 1 kg but not more than 300 kg ..... 100.00
  - With capacity of more than 300 kg ..... 150.00
- d) For sealing of APOTHECARY Balance or other  
balance of precision per unit
  - With capacity of 1 kg but not more than 300 kg ..... 100.00
  - With capacity of Over 300 kg ..... 40.00
  - Over 30 kg or less ..... 20.00
- e) For sealing digital/ electronic weights and measure  
instruments ..... 500.00
- f) For sealing scale or balance with complete set  
of weights ..... Free  
For each scale or balance with complete set  
of weights for use therewith ..... Free  
For each extra weight ..... 10.00  
For each and every re-testing and re-sealing of weights and  
measure instrument outside the office, an additional service  
charge of fifty pesos (Php50.00) for each instrument shall be  
collected.
- g) For sealing of gasoline, diesel and oil pumps
  - Per pump ..... 100.00
  - Per pump (oil dispenser) ..... 50.00

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h) <i>Electric meters, per meter</i>	
Residential .....	50.00
Commercial .....	200.00
Industrial .....	500.00
Others .....	100.00
i) <i>Water meters, per meter</i>	
Residential .....	50.00
Commercial .....	100.00
Industrial .....	200.00
Others .....	50.00"

SECTION 2. Section 155, Article 35, Chapter V of the Quezon City Revenue Code is hereby amended to read as follows:

"IMPOSITION OF FEES. – The following fees shall be collected for the corresponding services rendered by the City Civil Registrar:

**a) Marriage Fees:**

1) Sale of application form (one set) .....	50.00
2) Filing fee .....	100.00
3) Marriage license .....	100.00

**b) Registration fees on the status of person:**

1) For registration of marriage contract .....	50.00
2) Per guardianship or custody of minor .....	200.00
3) Per registration of a legal separation .....	200.00
4) Per registration of annulment of marriage .....	500.00
5) Per registration of name .....	500.00
6) Per registration of naturalization .....	1,000.00
7) Decree of adoption (foreign and local) .....	1,000.00
8) Judicial order for correction of entry .....	500.00
9) Per registration of name .....	200.00
10) Per registration of aliases .....	300.00
11) Per affidavit or oath of allegiance of a wife and/or children of citizen .....	100.00
12) Election of Filipino Citizenship .....	1,000.00
13) Emancipation of minor .....	300.00
14) Judicial recognition, determination or acknowledgement of paternity of affiliation .....	440.00
15) Late registration of birth, marriage or death .....	200.00
16) Per registration of supplementary reports or documents as additional data .....	440.00
17) Per registration of other legal document .....	300.00
18) Legitimation .....	400.00

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19) Foundling .....	500.00
20) Repatriation .....	1,000.00
21) Presumptive Death .....	1,000.00
22) Affidavit to Use Surname of the Father .....	100.00

**c) Issuance of Certified True Copies/Certification of any Registration Document:**

1) Document authentication, per page, per copy .....	50.00
2) Marriage contract .....	65.00
3) Birth and death certificate of registration, etc. per page, per copy .....	65.00
4) Other registered records/ documents, per page, per copy .....	50.00
5) Certification of civil status .....	100.00
6) Certificate of no records .....	150.00
7) Photocopy of document on file per page .....	30.00
8) Legal Instrument (Consolidated) .....	440.00"

SECTION 3. A new provision is to be added to Article 35, Chapter V of the Quezon City Revenue Code of 1993 as Section 156 to read as follows:

"CORRECTION OF ENTRIES. – The following fees shall be collected for the corresponding services:

- a) Correction of clerical or typographical error in an entry and/or change of first name or nickname:
  - 1) Correction of Clerical Error ..... 1,000.00
    - 1.1 For migrant petition additional fee ..... 500.00
  - 2) Change of Name ..... 3,000.00
    - 2.1 For migrant petition additional fee ..... 500.00
- b) Correction of clerical or typographical errors in the Day and Month in the date of birth or Sex:
  - 1) Correction of Clerical Error ..... 3,000.00
    - 1.1 For migrant petition additional fee ..... 1,000.00"

SECTION 4. Sections 156 and 157, Article 35, Chapter V of the Quezon City Revenue Code of 1993 are hereby renumbered and to be known as Sections 157 and 158, respectively.

SECTION 5. Section 158, Article 36, Chapter V of the Quezon City Revenue Code of 1993 is hereby amended to read as follows:

“CEMETERY FEES. – The following cemetery fees shall be collected for the use of cemetery lot or grave:

- a) Permit fees for Cadaver disposition:
  - 1) Registration ..... 50.00
  - 2) Burial permit ..... 100.00
  - 3) For exhumation of cadaver ..... 100.00
  - 4) For removal of cadaver ..... 100.00
  - 5) Entrance from other municipality/ city ..... 100.00
  - 6) Transfer to other municipality/ city ..... 100.00
  - 7) Cremation ..... 100.00
  - 8) Columbarry Vault Entrance Fee ..... 2000.00
  
- b) Rental fees for Public Cemetery Lot or Grave, per annum:
  - 1) For each niche or plot for five years (Child) ..... 750.00
  - 2) For each niche or plot for five years (Adult) ..... 1,500.00
  
- c) Rental fee for Use of Chapel:
  - 1) For less than an hour ..... Free
  - 2) For deposit of a body in its urn or cask,  
per day ..... 50.00
  - 3) For the care of a lot or plot, per year ..... 100.00
  
- d) Cremation fees:
  - 1) Infant/Child ..... 15,000.00
  - 2) Adult ..... 15,000.00
  - 3) Senior Citizen ..... 12,000.00
  - 4) Indigent ..... Free
  - 5) Minimum Wage Earner ..... 12,000.00”

SECTION 6. Section 159, Article 36, Chapter V of the Quezon City Revenue Code of 1993 is hereby amended to read as follows:

“TIME OF PAYMENT. – The fees shall be paid to the City Treasurer’s Office, upon order of payment issued by the City Civil Registrar. In case of failure to pay the rental fee for niches, graves or plot, the remains shall be exhumed and the grave, niche or plot shall be declared vacant. The remains shall be deposited in graves, niches, jars or bone vault as may be expedient, with proper identification. Further, expired lease contracts not renewed or abandoned and unclaimed ashes in the columbarium shall be removed and deposited in a specially designed storage to allow the relatives to claim the ashes after payment of arrears and storage fee of Two Hundred Fifty Pesos (Php250.00) per year. For purposes of this provision, the Quezon City Government is mandated to construct storage as herein provided.”

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SECTION 7. Section 160, Article 37, Chapter V of the Quezon City Revenue Code of 1993 is hereby amended by adding new provisions to be known as paragraphs: 14, 15, 16, 17, 18 and 19 with sub-paragraphs to read as follows:

- “(14) Tax Map/PIN Verification and Certification fees
  - a) Certification of Adjoining Lots (4 records) 100.00
  - b) Certified Copy of Tax Map 400.00
  
- (15) EDP Property Verification and Certification fees
  - a) No Improvement/ No Property 100.00
  - b) With Improvement 100.00
  - c) Property Holding 100.00
  
- (16) ARMD Certified Copy of TDs/other assessment documents including Annotation
  - a) Certified True Copy of Tax Declaration 100.00
  - b) Certified True Copy of Notice of Cancellation 100.00
  - c) Certified True Copy of any part of assessment documents (per page) 100.00
  - d) Request for Annotation (Warranty of Levy Cancellation, Lien and other encumbrances) 300.00
  - e) Request for Historical Matrix of Assessment in addition to Certified Copy of TD 500.00
  
- (17) Property Verification/PIN Identification (per property/ with print-out) 50.00
  
- (18) Other certifications 100.00
  
- (19) Property Research Fee (per property) 50.00”

SECTION 8. Section 188, Article 48, Chapter VI of the Quezon City Revenue Code of 1993 is hereby amended to read as follows:

“IMPOSITION OF CHARGES. – The rate of fees prescribed herein shall be uniformly charged by the Quezon City General Hospital (QCGH), Novaliches District Hospital (NDH), Rosario Maclang Bautista General Hospital (RMBGH) and the City Health Department (CHD), as follows:

- A. Room Accommodation Rate/Day
  - 1. Suite Room (32” LED Television, 4.5cu.ft. refrigerator, couch sofa) 1,500.00

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2. Single private room (with aircon, CR and 3-seater monobloc sofa)	1,300.00
3. Semi-private room (2 beds, aircon, refrigerator, TV)	900.00
4. Service ward	500.00
5. Oncology Chemo Room	800.00
6. Isolation room/ward	900.00 (with Personal Protective Equipment)
7. PhilHealth ward/PhilHealth room (NDH)/ Single room (NDH)	500.00
8. Intensive Care Unit	
a. ICU-PAY (Medical, Surgical, Pedia, Neonatal)	1,000.00
b. ICU-SERVICE (Medical, Surgical, Pedia, Neonatal)	800.00
9. Other area	
a. PACU	400.00
b. Labor Room	800.00 (service) 1,000.00 (pay)/day
<b>B. Consultation Charges</b>	
1. OPD Consultation Fee (Old/New)	50.00/100.00
2. ER Consultation Fee/ Medico-Legal Fee	100.00/150.00
	*Resolution: No charges if patient is sent to precinct*
3. Lost Card	50.00
<b>C. Operating Room/Delivery Room Procedures</b>	
1. Major OR	4,500.00
2. Medium OR	2,500.00
3. Minor OR	900.00
4. Normal Spontaneous Delivery	1,300.00 (without medicines)
5. Dilatation and Curettage	1,450.00
6. Bilateral Tubal Ligation	2,500.00
<b>D. Machine/Equipment (Use/Hour/Day)</b>	
1. Anesthesia Machine	300.00/use
2. Cardiac Monitor with central monitor	300.00/600.00 w/ central monitor
3. Defibrillator	400.00/use
4. Electrocautery	200.00/use
5. Fetal Monitor	350.00/use
6. Incubator	1,200.00/use
7. Infusion pump	600.00/use
8. Ventilator	1,800.00/day
9. Suction Machine	60.00/day
10. Syringe pump	200.00/day

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11. Pulse Oximeter	100.00/day
12. Radiant Head Unit	150.00/use
13. Laparoscopic Machine	6,000.00/use
14. Phototherapy Unit	200.00/use
15. Phacoemulsification Machine	3,000.00/use
16. ENT Mobile Treatment Unit	300.00/use
17. Mortuary Freezer	1,000.00/use
18. Bronchoscope	1,000.00/use
19. Operating Microscope	400.00/use
20. Peri-Light	50.00/use
21. Craniotome	355.00/use
22. Cholescope	60.00/use
23. Dermatone	83.00/use
24. Video Laryngoscope	690.00/use
25. Mobile Portable Ultrasound	350.00/use
26. Energy Platform	800.00/use
27. FESS Tower	1,135.00/use
28. High Flow Machine	1,000.00/day
29. CPAP/BIPAP	1,000.00/day
30. Accuvein (Vein Locator)	80.00/day
31. Automated External Defibrillator	60.00/use
32. Plasma Sterilizer	2,000.00/use
33. Ultrasound Mindray	400.00/use
34. Patient-Controlled Analgesia pump	140.00/day

E. Gases

1. Oxygen charge/ hour	
a. Liquified Oxygen	24.00/liter/ hour
b. Oxygen Tank	53.00/liter/ hour
2. CO2/Hour	200.00/hour
3. Liquified Oxygen (High flow)	24.00/liter/ hour
4. Oxygen Tank (High flow)	53.00/liter/ hour

F. Others

1. Ambulance Fee	500.00 for the 1 <sup>st</sup> Kilometer (km) plus 100.00 for an additional Km
2. Oxygen Use	53.00 Liter/Hour

G. Dental Department

1. Extraction	
a. Simple (per tooth)	150.00
b. Complicated (per tooth)	200.00
2. Restoration	
a. Temporary filling	75.00
b. Permanent filling	175.00/cavity

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3. Oral Prophylaxis	
a. Mild to Moderate	125.00
b. Severe	200.00
4. Oral Prophylaxis with fluoride treatment	200.00
5. Oral Examination	40.00
6. Odontectomy	
a. Simple	1,000.00 with PhilHealth
b. Complicated	1,500.00 with PhilHealth
7. Glass Ionomer filling	150.00
8. Multiple extraction with Suturing with Alveoplasty	500.00 with PhilHealth
9. Periodontal Treatment	
a. Mild to Moderate	250.00/Quadrant
b. Severe	350.00/Quadrant
10. Pits and Fissure Sealant	300.00
11. Dental X-Ray	
a. Periapical	200.00
b. Panoramic	600.00
12. Root Canal Therapy (1 canal)	1,000.00/canal
13. Splint/Mouth guard	750.00
 H. Medical Records Department	
1. Document Verification per page, per copy with issuance of certified true copies	50.00
2. Birth Certificate (Certificate of Live Birth) Verification per page, per copy	50.00
3. Death Certification Verification per page, per copy	50.00
4. Certification of No Records	20.00
5. Photocopy of Document on file, per page	20.00
6. Medico-Legal Certification	30.00
7. Medical Certification	30.00
8. Hospital Card (For new patient - upon registration)	50.00
9. Replacement for lost Hospital Card	50.00
10. Additional Card	50.00
 I. Department of Pathology	
1. Blood Chemistry Examination	
a. Albumin	167.00
b. Alkaline Phosphatase	144.00
c. Amylase	160.00
d. Bilirubin (Direct)	199.00
e. Bilirubin (Total)	202.00
f. Cholesterol	183.00
g. Creatinine	134.00
h. Creatinine kinase (CK-MB)	350.00
i. SGOT (ASAT)	263.00

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j. SGPT (ALAT)	263.00
k. HBA1c Quantitative	909.00
l. HDL Cholesterol	364.00
m. LDH	150.00
n. Lipase	160.00
o. Total Protein	142.00
p. TIBC (Total Drop Binding Capacity)	500.00
q. ANA (Anti Nucleic Acid with Dilution)	800.00
r. Triglycerides	229.39
s. Urea (BUN)	122.00
t. Uric Acid (BUA)	135.00
u. CBG	92.00
v. Oral Glucose Tolerance Test (75 grams)	302.00
w. Glucose (FBS, RBS, 24-Hour Post Prandial Blood Sugar (PBBS))	140.00
x. Oral Glucose Challenge Test (100 grams)	560.00
y. Rheumatoid Factor (RF)	248.00
z. Anti-Streptolysin O Titer (ASO)	250.00
aa. Complement Component (C3)	250.00
bb. D-DIMER	1,000.00
cc. Ferritin	800.00
dd. Body Fluid analysis (protein, sugar, cell count)	500.00
2. Electrolytes	
a. Sodium	160.00
b. Potassium	160.00
c. Chloride	160.00
d. Total Calcium	572.00
e. Ionized Calcium	160.00
f. Magnesium	182.00
g. Phosphorus	159.00
3. Thyroid Function Test	
a. FT3	500.00
b. FT4	500.00
c. T3 (Triiodothyronine)	500.00
d. T4 (Thyroxine)	500.00
e. TSH (Thyroid Stimulating Hormone)	500.00
4. Cardiac Markers	
a. Troponin I Quantitative	1,300.00
b. Troponin Qualitative	800.00
5. Tumor Markers	
a. CA125 II	1,000.00
b. Prostate-Specific Antigen (PSA)	580.00
6. Clinical Microscopy Tests	
a. Urinalysis	65.00
b. Fecalalysis	65.00

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c. Fecal Occult Blood Tests (FOBT)	143.00
d. Sperm Analysis	160.00
e. Pregnancy Test	112.00
f. Ketones	35.00
g. RBC Morphology	65.00
h. Scotch Tape Method	40.00
i. Concentration Technique	281.75
j. Drug Testing Methamphetamine/ Carboxy-TetrahydroCannabinol (THC)	350.00
7. Hematology Tests	
a. ABO and RH Typing (GEL Method)	300.00
b. ABO and RH Typing (Tube Method)	80.00
c. Bleeding Time	65.00
d. Clotting Time	65.00
e. CBC (Automated)	180.00
f. CBC (Manual)	100.00
g. Differential Count	59.00
h. Erythrocyte Sedimentation Rate	70.00
i. Hematocrit	65.00
j. Hemoglobin	70.00
k. Malarial Smear	100.00
l. Partial Thromboplastin Time (PTT)	200.00
m. Prothrombin Time (PT) with INR	200.00
n. Peripheral Blood Smear (PBS)	100.00
o. Platelet Count	104.00
p. RBC Count	52.00
q. Reticulocyte Count	70.00
r. Toxic Granules	50.00
s. WBC Count	60.00
t. Activated Partial Thromboplastin Time	200.00
8. Microbiology	
a. AFB	110.00
b. KOH	110.00
c. TMG	294.00
d. Gram Staining	205.00
e. Culture only - Manual (Respiratory, urine, stool, discharges, others)	402.00
f. Culture only - Manual (Blood)	595.00
g. Culture and Sensitivity - Manual (Respiratory, urine, stool, discharges, others)	633.00
h. Culture and Sensitivity - Manual (Blood)	801.00
i. Culture only - Automated (Respiratory, urine, stool, discharges, others)	3,047.00
j. Culture only - Automated (Blood)	2,672.00

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k. Culture and Sensitivity - Automated (Respiratory, urine, stool, discharges, others)	4,739.00
l. Culture and Sensitivity - Automated (Blood)	4,232.00
9. Blood Bank and Serology	
a. AB Screening	607.00
b. Blood Typing (Automated)	672.00
c. Cross matching + Blood Typing (Gel Tech)	1,315.00
d. Aliquote Fee	242.00
e. Coombs Test (Direct)	403.00
f. Coombs Test (Indirect)	403.00
g. Blood Service Fee (Whole blood)	1,800.00
h. Blood Service Fee (Packed RBC)	1,500.00
i. Blood Service Fee (Platelet Concentrate)	1,000.00
j. Blood Service Fee (Fresh Frozen Plasma)	1,000.00
k. Blood Transportation Charge (Hospital Ambulance)	200.00
l. Blood Typing (Gel Technique)	607.00
m. Dengue Igm&IgG	600.00
n. NS1Ag	900.00
o. HBeAg	654.00
p. Anti Hbe	654.00
q. Anti Hbc IgG	621.00
r. Anti Hbc IgM	744.00
s. Leptospira IgG IgM	350.00
10. Immunoserology Tests	
a. BHCG	1,100.00
b. CA19-9	1,400.00
c. HBsAg (Screening)	350.00
d. HBsAg w/ Titer	800.00
e. Anti HCV	1,300.00
f. HIV	1,100.00
g. Anti HAV IgM	1,100.00
h. Anti HAV IgG	1,100.00
i. Anti HBs	1,000.00
j. CKMB	1,000.00
k. RPR Screening	350.00
11. Blood Gas Analysis	
a. Arterial Blood Gas (ABG)	700.00
12. Cardiac Markers	
a. Pro BNP Gen 2	2,000.00
13. Tumor Markers	
a. CEA	700.00
b. CA 153	667.00

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14. Critical Care

a. Interleukin 6	2,000.00
b. Procalcitonin (PCT)	2,000.00
c. Anti-SARS Cov2 (Qualitative)	550.00
d. Rapid Antigen Test (RAT)- COVID-19	800.00
e. Anti-SARS Cov2 (Quantitative)	1,200.00

15. Histopathology Tests	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Cervical Cytology	150.00	-	50.00	150.00
b. Fluid Cytology	900.00	-	900.00	900.00
c. FNAB (Smear only)				
2 slides	350.00	-	350.00	350.00
4 slides	650.00	-	650.00	650.00
5 slides	950.00	-	950.00	950.00
d. IHC HER 2				
e. Estrogen Receptor (ER)	10,000.00	-	10,000.00	300.00/Slide
f. Progesterone Receptor (PR)				
g. IHC HER 2	10,000.00	-	10,000.00	300.00/Slide
h. Estrogen Receptor (ER)				
i. Progesterone Receptor (PR)		-	10,000.00	300.00/Slide
j. small specimen (1 slide)	150.00	-	150.00	800.00
k. Medium Specimen (2-4 slides)	450.00	-	450.00	1,000.00
l. Large Specimen (5-9 slides)	1,000.00	-	1,000.00	2,000.00
m. Extra Large (≥10 slides)	1,400.00	-	1,400.00	2,500.00
n. Rush Frozen Selection	2,000.00	-	3,000.00	3,000.00
o. H. Pylori	150.00	-	150.00	800.00
p. Ultrasound Guided (CT guided cytology assessment and adequacy)		-		2,000.00
q. CD45	3,350.00	-	3,350.00	400.00
r. CD20	3,350.00	-	3,350.00	400.00
s. CD3	3,350.00	-	3,350.00	400.00
t. Reader's Fee		-		
u. Recopy of Results		-	100.00	
v. Borrowing of slides and blocks		-	100.00	
w. Outside slides for review		-		900.00/slide

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J. Department of Radiology

1. MRI Plain	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Brain DWI only	4,735.00	-	4,735.00	1,093.00
b. Head/Brain	7,500.00	-	7,500.00	1,875.00
c. Orbit	9,000.00	-	9,000.00	2,250.00
d. Sella	7,500.00	-	7,500.00	1,875.00
e. Pituitary gland	7,500.00	-	7,500.00	1,875.00
f. Internal Acoustic Canal	8,125.00	-	8,125.00	8,125.00
g. Brain Seizure Protocol	8,125.00	-	8,125.00	2,031.00
h. Neck/Nasopharynx	7,500.00	-	7,500.00	1,875.00
i. Tongue	7,500.00	-	7,500.00	1,875.00
j. Chest	8,125.00	-	8,125.00	2,031.00
k. Breast	9,325.00	-	9,325.00	2,031.00
l. Upper Abdomen	8,750.00	-	8,750.00	2,188.00
m. Lower Abdomen/Pelvis	8,750.00	-	8,750.00	2,188.00
n. Adrenal Glands	8,750.00	-	8,750.00	2,188.00
o. Whole spine	13,125.00	-	13,125.00	3,438.00
p. Cervical spine	7,500.00	-	7,500.00	1,875.00
q. Thoracic Spine	7,500.00	-	7,500.00	1,875.00
r. Lumbar spine	7,500.00	-	7,500.00	1,875.00
s. Extremities	7,500.00	-	7,500.00	1,875.00
t. Sacrum or Coccyx	7,500.00	-	7,500.00	1,875.00
u. Hip joints/Pelvic Bones	8,750.00	-	8,750.00	2,188.00
v. MRA Brain	8,750.00	-	8,750.00	2,188.00
w. MRA Neck	8,750.00	-	8,750.00	2,188.00
x. MRCP	9,375.00	-	9,375.00	2,344.00
y. MRI w/ Spectroscopy	8,750.00	-	8,750.00	2,188.00

2. Magnetic Resonance Imaging (MRI) with Contrast	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Head/Brain	8,750.00	-	8,750.00	2,188.00
b. Orbit	8,750.00	-	8,750.00	2,188.00
c. Sella	8,750.00	-	8,750.00	2,188.00
d. Pituitary Gland	8,750.00	-	8,750.00	2,188.00
e. Internal Acoustic Canal	10,000.00	-	10,000.00	2,500.00

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f. Brain Seizure	10,000.00	-	10,000.00	2,500.00
g. Neck/Nasopharynx	9,375.00	-	9,375.00	2,344.00
h. Tongue	8,750.00	-	8,750.00	2,188.00
i. Chest	9,375.00	-	9,375.00	2,344.00
j. Breast	11,875.00	-	11,875.00	2,969.00
k. Upper Abdomen	11,250.00	-	11,250.00	2,812.00
l. Lower Abdomen/Pelvis	11,250.00	-	11,250.00	2,812.00
m. Whole Abdomen	16,875.00	-	16,875.00	4,219.00
n. Adrenal Glands	11,250.00	-	11,250.00	2,812.00
o. Whole Spine	16,250.00	-	16,250.00	4,063.00
p. Cervical spine	9,375.00	-	9,375.00	2,344.00
q. Thoracic Spine	9,375.00	-	9,375.00	2,344.00
r. Lumbar Spine	9,375.00	-	9,375.00	2,344.00
s. Extremities	9,375.00	-	9,375.00	2,344.00
t. Sacrum or Coccyx	9,375.00	-	9,375.00	2,344.00
u. Hip joints/Pelvic Bones	9,375.00	-	9,375.00	2,344.00
v. MRA Brain	10,625.00	-	10,625.00	2,344.00
w. MRA Renal	17,500.00	-	17,500.00	4,375.00
x. MRA Thoracic	17,500.00	-	17,500.00	4,375.00
y. MRA Abdominal	17,500.00	-	17,500.00	4,375.00
z. MRCP	15,000.00	-	15,000.00	3,750.00
aa. MRA aorta an peripheral	21,250.00	-	21,250.00	5,313.00

3. Mammogram	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Digital Mammography	1,680.00	-	1,680.00	420.00
b. Digital Mammography + Breast Ultrasound	2,400.00	-	2,400.00	600.00
c. Cone Down Procedure	840.00	-	840.00	210.00
d. Magnification view	840.00	-	840.00	210.00
e. Digital Mammography + 3D Tomosynthesis	4,200.00	-	4,200.00	1,050.00
f. Mammotome Breast Biopsy	12,000.00	-	12,000.00	3,000.00
g. Galactography/Ductography	3,600.00	-	3,600.00	900.00
h. Mammogram Breast-Guided Localization	4,800.00	-	4,800.00	1,200.00
i. Core Needle Breast Biopsy	9,600.00	-	9,600.00	2,400.00
j. Fine Needle Aspiration Biopsy, Breast	6,600.00	-	6,600.00	1,650.00
k. Special Interpretation for Mammography	600.00	-	600.00	150.00
l. Special Interpretation for Ultrasound	600.00	-	600.00	150.00

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4. Use of C-Arm with Fluoroscopy	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Ankle	1,875.00	-	1,875.00	469.00
b. Cervical	1,875.00	-	1,875.00	469.00
c. Elbow	1,875.00	-	1,875.00	469.00
d. Thigh	1,875.00	-	1,875.00	469.00
e. Forearm	1,875.00	-	1,875.00	469.00
f. Biliary Surgery	1,875.00	-	1,875.00	469.00
g. ERCP	2,188.00	-	2,188.00	547.00

5. X-RAY	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Chest PA	300.00	-	300.00	75.00
b. Chest PA/L	400.00	-	400.00	100.00
c. Chest ALV/Coned down	250.00	-	250.00	62.50
d. Chest Lateral	250.00	-	250.00	62.50
e. Chest Lateral Decubitus	250.00	-	250.00	62.50
f. Chest-Portable	315.00	-	315.00	78.75
g. Ribs/Thoracic Cage	400.00	-	400.00	100.00
h. Skull (PA/L)	400.00	-	400.00	100.00
i. Mandible	700.00	-	700.00	175.00
j. Mastoid	500.00	-	500.00	125.00
k. Temporomandibular Joint (TMJ)	600.00	-	600.00	150.00
l. Water's View	300.00	-	300.00	75.00
m. Paranasal sinuses	450.00	-	450.00	112.50
n. Submentovertex/Towne's view	250.00	-	250.00	62.60
o. Orbits	450.00	-	450.00	112.50
p. Nasal bones/Soft Tissue Lateral	500.00	-	500.00	125.00
q. Cervical Spine, AP/L	450.00	-	450.00	112.50
r. Cervical Spine, AP/L + Oblique	550.00	-	550.00	137.50
s. Thoracic Spine	450.00	-	450.00	112.50
t. Lumbosacral spine, AP/L	450.00	-	450.00	112.50
u. Lumbosacral spine + Oblique view	550.00	-	550.00	137.50
v. Scoliotic study	900.00	-	900.00	225.00
w. Abdomen Spine + upright	500.00	-	500.00	125.00
x. Abdomen (Portable)	375.00	-	375.00	93.75
y. Pelvis (AP)	300.00	-	300.00	75.00
z. Pelvis + frog leg	600.00	-	600.00	150.00
aa. Shoulder (Unilateral)	300.00	-	300.00	75.00
bb. Elbow (Unilateral)	350.00	-	350.00	87.50

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cc. Ankle (Unilateral)	350.00	-	350.00	87.50
dd. Foot (Unilateral)	350.00	-	350.00	87.50
ee. Humerus (Unilateral)	350.00	-	350.00	87.50
ff. Femur (Unilateral)	350.00	-	350.00	87.50
gg. Lower Leg (Unilateral)	50.00	-	50.00	87.50
hh. Hand (Unilateral)	350.00	-	350.00	87.50
ii. Wrist (Unilateral)	350.00	-	350.00	87.50
jj. Extremity (Portable)	750.00	-	750.00	187.50
kk. IVP/ Retrogade pyelogram/ CUG	1,500.00	-	1,500.00	375.00
ll. Hysterosalpingography	1,500.00	-	1,500.00	375.00
mm. T-Tube Cholangiogram	1,500.00	-	1,500.00	375.00
nn. Fistulogram	700.00	-	700.00	175.00
oo. Barium swallow/ Esophagogram	1,150.00	-	1,150.00	287.50
pp. Barium enema/ Colonogram	1,500.00	-	1,500.00	375.00
qq. Upper/Lower GI series	1,500.00	-	1,500.00	375.00
rr. Ankle Mortise View (Unilateral)	350.00	-	350.00	75.00
ss. Babygram	300.00	-	300.00	75.00
tt. Chest AP/ Lateral (Pedia)	250.00	-	250.00	62.50
uu. Coccyx	234.00	-	234.00	-
vv. Core Needle Biopsy (Breast)	5,000.00	-	5,000.00	-
ww. Thoracic Spine Oblique	468.00	-	468.00	-
xx. Mobile Xray Use	100.00	-	100.00	-
yy. Shoulder AP/O	450.00	-	450.00	112.50
zz. Sunrise/ Sunset View Knee	350.00	-	350.00	75.00

6. Ultrasound	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. 1 organ (including RLQ)	800.00	-	800.00	280.00
b. Hepatobiliary Track (HBT)	1,000.00	-	1,000.00	350.00
c. Upper abdomen	1,200.00	-	1,200.00	420.00
d. Lower abdomen (KUBP or KUB + Pelvic)	1,200.00	-	1,200.00	420.00
e. Whole abdomen	2,400.00	-	2,400.00	840.00
f. Transrectal (Prostate or Pelvic)	1,500.00	-	1,500.00	525.00
g. Transvaginal	1,500.00	-	1,500.00	525.00
h. Pelvic Gyne	1,000.00	-	1,000.00	350.00
i. Pelvis (OB/ Biometry)	1,200.00	-	1,200.00	420.00
j. Biophysical Scoring (BPS)	1,500.00	-	1,500.00	525.00
k. Kidney and Urinary Bladder (KUB)	1,000.00	-	1,000.00	350.00

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l. Breast (Bilateral)	1,500.00	-	1,500.00	525.00
m. Thyroid	1,200.00	-	1,200.00	420.00
n. Neck	1,500.00	-	1,500.00	525.00
o. Cranial	950.00	-	950.00	330.00
p. Scrotal with Doppler	1,350.00	-	1,350.00	547.00
q. Inguinoscrotal with Doppler	1,500.00	-	1,500.00	525.00
r. Focused Assessment with Sonography in Trauma (FAST)	1,500.00	-	1,500.00	525.00
s. Thoracentesis/ Paracentesis/ Biopsy	1,500.00	-	1,500.00	525.00
t. Chest	800.00	-	800.00	280.00
u. Chest Mapping (Unilateral)	1,200.00	-	1,200.00	1,500.00
v. Chest Mapping (Bilateral)	1,700.00	-	1,700.00	2,000.00
w. Carotid/ Renal Doppler	2,500.00	-	2,500.00	1,000.00
x. Arterial (Upper/Lower) each limb	2,500.00	-	2,500.00	2,000.00
y. Venous (Upper/Lower) each limb	2,500.00	-	2,500.00	2,000.00
z. AV duplex (Upper/Lower) each limb	5,000.00	-	5,000.00	3,000.00

7. CT-Scan (Plain)	SERVICE		-	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Head/Brain	3,500.00	-	3,500.00	875.00
b. Chest	3,500.00	-	3,500.00	875.00
c. Chest HR	4,000.00	-	4,000.00	1,100.00
d. Mandible/Neck	4,000.00	-	4,000.00	1,100.00
e. Orbits	4,000.00	-	4,000.00	1,100.00
f. PNS	3,000.00	-	3,000.00	750.00
g. Temporal bone	4,000.00	-	4,000.00	1,100.00
h. Nasopharynx	3,500.00	-	3,500.00	875.00
i. Facial bone	4,500.00	-	4,500.00	1,125.00
j. Thoracic spine	4,000.00	-	4,000.00	1,000.00
k. Lumbosacral spine	4,000.00	-	4,000.00	1,000.00
l. Whole abdomen	7,500.00	-	7,500.00	1,875.00
m. Upper abdomen	4,000.00	-	4,000.00	1,000.00
n. Lower abdomen	4,000.00	-	4,000.00	1,000.00
o. Extremities	3,500.00	-	3,500.00	875.00
p. Pelvis	4,000.00	-	4,000.00	1,000.00
q. Stonogram	7,000.00	-	7,000.00	1,750.00

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8. CT-Scan with Contrast	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Head/Brain	4,000.00	-	4,000.00	1,000.00
b. Chest	4,500.00	-	4,500.00	1,125.00
c. Chest HR	5,000.00	-	5,000.00	1,250.00
d. Mandible/Neck	5,000.00	-	5,000.00	1,250.00
e. Orbits	5,000.00	-	5,000.00	1,250.00
f. PNS	4,000.00	-	4,000.00	1,000.00
g. Temporal bone	5,000.00	-	5,000.00	1,250.00
h. Nasopharynx	4,500.00	-	4,500.00	1,125.00
i. Facial bone	5,500.00	-	5,500.00	1,375.00
j. Thoracic spine	5,000.00	-	5,000.00	1,250.00
k. Lumbosacral spine	5,000.00	-	5,000.00	1,250.00
l. Whole abdomen				
1) Uniphasic	8,000.00	-	8,000.00	2,200.00
2) Biphasic/Triphasic	10,000.00	-	10,000.00	2,750.00
m. Upper abdomen				
1) Uniphasic	5,000.00	-	5,000.00	1,375.00
2) Biphasic/Triphasic	8,000.00	-	8,000.00	2,200.00
n. Lower abdomen				
1) Uniphasic	5,000.00	-	5,000.00	1,375.00
2) Biphasic/Triphasic	8,000.00	-	8,000.00	2,200.00
o. Extremities	5,000.00	-	5,000.00	1,375.00
p. Pelvis	5,500.00	-	5,500.00	1,375.00
q. Urogram	9,000.00	-	9,000.00	2,250.00
r. CTA Head	8,500.00	-	8,500.00	2,125.00
s. CTA Pulmonary	8,500.00	-	8,500.00	2,125.00
t. CTA thoracic/abdominal aorta	10,000.00	-	10,000.00	2,500.00
u. CTA Coronary Artery	10,000.00	-	10,000.00	2,500.00

9. Special Procedures	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Paracentesis, thoracentesis, pericardiocentesis, aspiration	2,000.00	-	2,000.00	5,000.00
b. Catheter insertion	4,500.00	-	4,500.00	10,000.00
c. FNAB <1cm	2,000.00	-	2,000.00	8,000.00
d. FNAB 1-3cm	2,000.00	-	2,000.00	6,000.00
e. FNAB >3cm	2,000.00	-	2,000.00	4,000.00
f. Core Biopsy	4,000.00	-	4,000.00	-
g. Stereotactic/wire biopsy	4,000.00	-	4,000.00	10,000.00

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h. PTBD insertion	5,000.00	-	5,000.00	20,000.00
i. Other Chargeable	-	-	-	
1) CD	-	-	-	30.00
2) Photopaper	-	-	-	30.00
3) Reprinting of Result	-	-	-	100.00
4) Film Printing (Medical Grade)	-	-	-	250.00/Film

10. MRI w/ Contrast	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Prostate	11,875.00	-	11,875.00	2,969.00
b. MRA Neck	17,500.00	-	17,500.00	4,375.00

11. Use of C-Arm with Fluoroscopy	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Foot	1,875.00	-	1,875.00	469.00
b. Lumbar Spine			1,875.00	469.00
c. Thoracic Spine			1,875.00	469.00

12. Ultrasound	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. MSK-shoulder, hip, knee, elbow, ankle, etc.	3,400.00	-	3,400.00	1,500.00
b. Ventriculoperitoneal Shunt Tap	1,500.00	-	1,500.00	5,000.00

13. CT Scan (Plain)	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. CT Adrenals	3,420.00	-	3,420.00	-
b. Virtual Bronchoscopy	6,000.00	-	6,000.00	-
c. Virtual Colonogram	6,000.00	-	6,000.00	-

14. CT Scan w/ Contrast	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Calcium Scoring	4,950.00	-	4,950.00	1,250.00
b. CTA of Extremities (per limb)	8,500.00	-	8,500.00	2,125.00
c. CT Venography head	8,500.00	-	8,500.00	2,125.00

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15. Special Procedures	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Ventriculoperitoneal Shunt Tap	2,000.00	-	2,000.00	5,000.00

K. Department of Internal Medicine

	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
1. Electroencephalogram (EEG)	2,000.00	-	2,000.00	-
2. Video Gastroscopy (VG)	5,500.00	-	5,500.00	-
3. VG w/ brushing	5,500.00	-	5,500.00	-
4. VG w/ biopsy	5,500.00	-	5,500.00	-
5. VG w/ dilatation	9,600.00	-	9,600.00	-
6. VG w/ FB removal	7,400.00	-	7,400.00	-
7. VG w/ Polypectomy	6,100.00	-	6,100.00	-
8. VG w/ Snare Polypectomy	5,400.00	-	5,400.00	-
9. VG w/ control of bleeding	7,400.00	-	7,400.00	-
10. ERCP diagnostic	10,900.00	-	10,900.00	-
11. ERCP w/ biopsy	10,900.00	-	10,900.00	-
12. ERCP w/ sphincterotomy	10,900.00	-	10,900.00	-
13. ERCP w/ stone extraction	10,700.00	-	10,700.00	-
14. ERCP w/ biliary drainage tube	10,900.00	-	10,900.00	-
15. ERCP w/ stent	10,900.00	-	10,900.00	-
16. ERCP w/ change of stent	10,900.00	-	10,900.00	-
17. ERCP w/ dilatation	10,700.00	-	10,700.00	-
18. Video Colonoscopy (VC)	5,400.00	-	5,400.00	-
19. VC w/ FB removal	5,400.00	-	5,400.00	-
20. VC w/ biopsy	5,400.00	-	5,400.00	-
21. VC w/ control bleeding	9,600.00	-	9,600.00	-
22. VC w/ polypectomy	9,600.00	-	9,600.00	-
23. VC w/ snare	9,600.00	-	9,600.00	-
24. VC w/ thru stroma	7,400.00	-	7,400.00	-
25. VC w/ thru stroma, biopsy	7,400.00	-	7,400.00	-
26. VC w/ thru stroma, control bleeding	9,600.00	-	9,600.00	-
27. VC w/ thru stroma, polypectomy	9,600.00	-	9,600.00	-

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28. VC w/ thru stroma, snare	12,700.00	-	12,700.00	-
29. Flexi, diagnostic	4,900.00	-	4,900.00	-
30. Flexi w/ biopsy	4,900.00	-	4,900.00	-
31. Flexi w/ FB removal	5,500.00	-	5,500.00	-
32. Flexi w/ polypectomy	5,500.00	-	5,500.00	-
33. Flexi w/ control of bleeding	5,500.00	-	5,500.00	-
34. Flexi w/ snare	5,500.00	-	5,500.00	-
35. Percutaneous placement of PEG	5,500.00	-	5,500.00	-
36. Electrocardiogram (ECG)	300.00	-	300.00	-
37. Treadmill Stress Test	2,500.00	-	2,500.00	-
38. 24-hour Holter	3,500.00	-	3,500.00	-
39. 2-D Echo	2,500.00	-	2,500.00	-
40. 2-D Echo with Doppler	2,500.00	-	2,500.00	-

L. Department of OB-GYN

	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
1. Transvaginal Ultrasound	1,500.00	525.00	1,500.00	525.00
2. Transrectal Ultrasound			1,500.00	525.00
3. Pelvic Ultrasound			1,500.00	525.00
4. BPS			1,500.00	525.00
5. Colposcopy	1,500.00	Depends on Consultants PF	1,500.00	Depends on Consultants PF
6. Cryotherapy	1,500.00		1,500.00	
7. Hysteroscopy	6,000.00		6,000.00	
8. Laparoscopy	10,000.00		10,000.00	
9. Antepartum Fetal Monitor/ Non-Stress Test	330.00	100.00	330.00	100.00
10. Congenital Anomaly Scan	1,500.00	600.00	1,500.00	600.00
11. Doppler Velocimetry			1,500.00	600.00
12. Transabdominal			1,500.00	600.00

M. Department of ORL-HNS

- 1. Pure tone Audiometry, Speech Audiometry and Tympanometry 500.00
- 2. Automated Audiometric Brainstem Response (AABR)/ Newborn Hearing Screening Test 200.00

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3) Otolology	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Removal of foreign body from the ear	5,500.00	-	5,500.00	2,520.00
b. Drainage external ear or periauricular, abscess or hematoma	3,000.00	-	3,000.00	672.00
c. Drainage external auditory canal, abscess	3,220.00	-	3,220.00	252.00
d. Myringotomy with or without ventilation tube insertion	4,900.00	-	4,900.00	3,360.00
e. Eustachian tube insufflations	4,000.00	-	4,000.00	1,680.00

4) Rhinopharyngology	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Nasopharyngoscopy, diagnostic, unilateral or bilateral; with or without biopsy	5,550.00	-	5,550.00	5,040.00
b. Incision and drainage of peritonsillar abscess	4,900.00	-	4,900.00	3,360.00
c. Sialolithotomy, submandibular, sublingual or parotid, intraoral	7,200.00	-	7,200.00	2,100.00
d. Sialography, including duct catheterization and radiological supervision and interpretation	5,500.00	-	5,500.00	2,520.00
e. Excision of torus mandibularis	9,600.00	-	9,600.00	8,400.00
f. Excision of torus palatinus	9,600.00	-	9,600.00	8,400.00
g. Drainage of abscess of palate, uvula	5,500.00	-	5,500.00	2,520.00
h. Removal of foreign body from the pharynx	5,500.00	-	5,500.00	2,520.00

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i. Intraoral incision and drainage of abscess, cyst or hematoma of oral cavity under local anesthesia	4,000.00	-	4,000.00	1,680.00
j. Drainage abscess or hematoma, nasal, internal approach	4,300.00	-	4,300.00	1,296.00
k. Drainage abscess or hematoma, nasal septum	4,300.00	-	4,300.00	1,296.00
l. Removal of foreign body or rhinolith, intranasal	5,500.00	-	5,500.00	2,520.00
m. Naso-antrostomy with or without lavage	9,600.00	-	9,600.00	8,400.00
n. Anterior antrotomy (Caldwell approach) with biopsy	5,400.00	-	5,400.00	6,720.00
o. Nasal/sinus endoscopy with control of epistaxis	5,400.00	-	5,400.00	6,720.00

5) Maxillofacial and Plastics	SERVICE		PRIVATE	
	PROCEDURE	READER'S FEE	PROCEDURE	READER'S FEE
a. Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane	2,356.00	-	2,356.00	1,344.00
b. Closed treatment of nasal bone fracture	5,500.00	-	5,500.00	5,040.00
c. Closed treatment of mandibular fracture with interdental fixation	7,400.00	-	7,400.00	7,560.00
d. Closed treatment of temporomandibular joint dislocation	5,500.00	-	5,500.00	4,200.00
e. Removal of interdental fixation/ Erich archbar and wires	5,500.00	-	5,500.00	5,040.00

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<b>6) Laryngology</b>	<b>SERVICE</b>		<b>PRIVATE</b>	
	<b>PROCEDURE</b>	<b>READER'S FEE</b>	<b>PROCEDURE</b>	<b>READER'S FEE</b>
a. Laryngoscopy direct w/ or w/o tracheoscopy; flexible fiber optic; diagnostic, except newborn	5,400.00	-	5,400.00	6,720.00
b. Laryngoscopy, direct, operative with foreign body removal	5,400.00	-	5,400.00	6,720.00
c. Surgical closure tracheostomy or fistula without plastic repair (decannulation/ change of tracheostomy tube)	2,940.00	-	2,940.00	5,500.00

<b>7) Head and Neck</b>	<b>SERVICE</b>		<b>PRIVATE</b>	
	<b>PROCEDURE</b>	<b>READER'S FEE</b>	<b>PROCEDURE</b>	<b>READER'S FEE</b>
a. Excision of benign lesion face, ears, eyelids, nose, lips, mucous membrane, lesion diameter, any size	3,100.00	-	3,100.00	1,008.00
b. Excision of malignant lesion face, ears, eyelids, nose, lips; lesion diameter, any size	4,000.00	-	4,000.00	1,680.00
c. Biopsy or excision of lymph node(s) by needle, superficial cervical node	4,000.00	-	4,000.00	1,680.00
d. Biopsy or excision of lymph node(s); deep cervical node	4,900.00	-	4,900.00	3,360.00
e. Biopsy of soft tissue of neck	1,680.00	-	1,680.00	4,000.00
f. Biopsy of thyroid and salivary gland (incision biopsy/ FNAB)	4,900.00	-	4,900.00	3,360.00

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g. Drainage of lymph node abscess or lymphadenitis	4,900.00	-	4,900.00	3,360.00
h. Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissue	8,400.00	-	8,400.00	9,600.00
i. Excision of superficial head and neck lesions with primary closure requiring flaps	10,900.00	-	10,900.00	10,920.00

N. Department of Ophthalmology

	<b>UNIFORM RATE</b>	
	<b>PROCEDURE FEE</b>	<b>READER'S FEE (FOR PRIVATE PATIENT ONLY)</b>
1) F.A.	4,375.00	300.00
2) Fundus Photo	600.00 (both eyes)	NONE
3) Macular Oct	1,000.00/eye	300.00
4) Nerve Oct	1,000.00/eye	300.00
5) Anterior Segment Oct	1,000.00/eye	300.00
6) Biometry	600.00 (both eyes)	NONE
7) A-Scan	400.00 (both eyes)	NONE
8) B-Scan	500.00/eye	500.00
9) Ubm	1,000.00/eye	500.00
10) Farnsworth	500.00/eye	200.00
11) Stereo Vision Test Using Stereo Titmus Fly Test	200.00	100.00
12) Ar, Kera, Tono, Pachy	150.00 each/400.00 package	NONE
13) Perimetry	1,200.00	300.00
14) Glaucoma Package	3,500.00	500.00
15) Prp Laser	5,400.00/eye	NONE
16) Laser Iridotomy	5,500.00/eye	
17) Focal Laser	5,400.00/eye	
18) Yag Capsulotomy Laser	4,900.00/eye	
19) Iridoplasty Laser	5,400.00/eye	
20) Trabeculoplast Laser	5,400.00/eye	
Specular Microscopy		1,000.00

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O. Physical Medicine and Rehabilitation

1. Old Machines

- a. Basic Physical Therapy 300.00
- b. HMP (per area) 50.00
- c. Ultrasound (per area) 80.00
- d. ES/TENS/FES (per area/limb) 80.00
- e. Paraffin Wax bath (per limb) 80.00
- f. Cervical/Lumbar Traction 100.00
- g. Infrared Radiation (per area) 50.00

2. Exercise Materials

- a. Lower Ex. Ergometer 30.00
- b. Dumbbells 30.00
- c. Ankle weights 30.00
- d. Wobble boards 30.00
- e. Exercise ball 30.00
- f. Shoulder 30.00
- g. Standing Board 30.00
- h. Digi Flex 30.00
- i. Power Web 30.00
- j. Upper Ex. Ergometer 30.00

3. New Machines

- a. Treadmill 80.00
- b. Multi-Gym/session 80.00
- c. Body Lifter 100.00
- d. Shockwave Therapy (per area, per 600 shocks) 300.00
- e. Endolaser Therapy (per area) 100.00
- f. Lymphatic Press Compression (per limb) 100.00
- g. Continuous Passive Motion (per area) 100.00
- h. Tilt Table 80.00

4. Professional Fee

- a. Service ward (In-Patient)
  - Initial consultation 200.00
  - Follow up consultation 100.00
- b. Private (In-Patient) Consultation 1,800.00
- c. Service (Out-Patient)
  - Initial Consultation 100.00
  - Follow up consultation 80.00
- d. Private (Out-Patient) Consultation 500.00

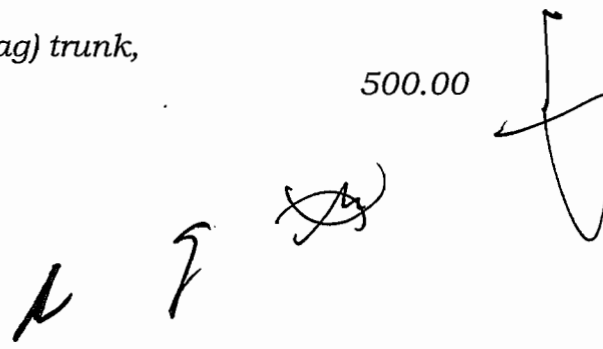
P. Department of Pediatrics

- 1. Expanded Newborn Screening Test 1,750.00
- 2. Umbilical Cannulation 500.00

Q. Department of Surgery

- 1. Excision of Benign Lesions (except skin tag) trunk, arms or legs 1.0 - over 4.0cm 500.00

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| 2. Excision of Benign Lesions (except skin tag) face, ears, eyelids, nose, lips 1.0 - over 4.0cm   | 600.00         |
| 3. Core Needle Biopsy (Breast)   | 300.00         |
| 4. Incision Biopsy (Breast)  | 750.00         |
| 5. Excision Biopsy (Breast)  | 1,000.00       |
| 6. Fine Needle Biopsy (Thyroid/Breast)   | 300.00         |
| 7. Incision and Drainage of Abscess  | 300.00         |
| 8. Circumcision  | 750.00         |
| 9. Proctosigmoidoscopy, rigid, diagnostic with or without collection of specimens  | 1,000.00       |
| 10. Anoscopy, diagnostic with or without collection of specimens   | 750.00         |
| 11. Use of Cholelscope for stone extraction  | 4,000.00       |
| 12. Use of Laparoscopy Tower (any use)   | 6,000.00       |
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| R. Department of Psychiatry  |                |
| 1. Neuropsychological Test   | 1,500.00       |
| <br>   |                |
| S. Bahay-Kalinga (HACT)  |                |
| 1. CD4 Count Analysis  | 1,526.00       |
| <br>   |                |
| T. Human Milk Bank   |                |
| a. Pasteurized Human Milk  | 220.00/100ml   |
| b. Pasteurized Human Milk  | 440.00/200ml   |
| c. Bottle Fee  | 280.00/bottle  |
| d. Pasteurization of Breast Milk (Bacteriologic Culture)   | 400.00/1,200ml |
| <br>   |                |
| U. Pulmonary Department  |                |
| a. Chest Physiotherapy (CPT) with percussor  | 80.00          |
| b. Peak Expiratory Flow Rate   | 250.00         |
| c. Simple Spirometry   | 1,300.00       |
| d. Pre- and Post-Bronchodilator (PFT)  | 1,500.00       |
| e. Use of BIPAP Machine per Day  | 780.00         |
| f. BIPAP Mask Use per Day  | 500.00         |
| g. Sputum Induction Fee  | 500.00         |
| h. Incentive Spirometry  | 250.00         |
| i. APN (All Purpose Nebulizer) for Weaning   | 600.00         |
| j. Transport Ventilator Fee (To and From)  | 80.00          |
| <br>   |                |
| V. Other test not included in the list may be charged a minimum amount of Php500.00.   |                |
| <br>   |                |
| W. An annual increase on the abovementioned fees and charges, subject to the determination of the Monetary Board in case of inflation, may be imposed by the City Government." |                |

SECTION 9. Section 136, Article 32, Chapter V of the Quezon City Revenue Code of 1993 is hereby amended to read as follows:

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"IMPOSITION OF FEES. – Owners or operators of housing subdivisions and condominiums shall pay the following fees to the City Treasurer based on the order of payment issued by the City Engineer or his duly authorized representative in accordance with the following schedule:

<b>A. Approval of subdivision plan</b>	
1) Preliminary processing fees	
(a) For the first 10 hectares .....	125.00
(b) For every additional hectare or fraction thereof .....	45.00
2) Final processing fees	
(a) Subdivisions having a density of 66 to 100 families/gross hectare, per hectare or a fraction thereof .....	365.00
(b) Subdivisions having a density of 21 to 65 families/gross hectare, per hectare or a fraction thereof .....	485.00
(c) Subdivisions having a density of 20 and below families/gross hectare, per hectare or a fraction thereof .....	650.00
3) Alteration of plans fees same as final processing fees	
<b>B. Approval of condominium plan</b>	
1) Preliminary processing fees .....	60.00
2) Final processing fees	
(a) Per square meter of the total land area .....	2.00
(b) Per square meter of the floor area of the building .....	1.00
3) Alteration of plans fees same as final processing fees	
4) Conversion of existing structure to condominiums	
(a) Per square meter of the total land area .....	2.00
(b) Per square meter of the floor area of the building .....	1.00
<b>C. Final Inspection Fees and Issuance of Certificate of Completion</b>	
1) Subdivisions	
(a) Having a density of 66 to 100 family lots/hectare .....	180.00
(b) Having a density of 21 to 65 family lots/hectare .....	265.00
(c) Having a density of 20 family lots and below per hectare .....	355.00
<b>D. Application for the following:</b>	
1) Advertisement approval .....	60.00
2) Cancellation/reduction of Performance bond .....	120.00
3) Lifting of suspension license to sell .....	120.00
4) Extension of time to complete development .....	120.00

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- 5) Exemption from cease-and-desist order ..... 120.00
- 6) Clearance of Mortgage ..... 120.00
- 7) Change of name/ownership ..... 120.00

E. Approval of Industrial Subdivision Plan

- 1) Preliminary processing/locational Clearance fees:
  - (a) For first 5 hectares ..... 115.00
  - (b) For every additional hectare  
or Fraction thereof ..... 25.00
- 2) Final processing fees:
  - (a) Industrial subdivision, per square  
Meter of the total land area or ..... 2.00
  - Per hectare or fraction thereof ..... 670.00
- 3) Alteration of plans fees same as final processing fees
- 4) Final Inspection Fees and Issuance of Certification of Completion
  - (a) Industrial subdivisions per hectare or  
fraction thereof ..... 45.00
- 5) Approval of Subdivision Plan:
  - (a) Preliminary Processing Plan
    - For the first 10 hectares ..... 105.00
    - For every additional hectare or  
fraction thereof ..... 25.00
  - (b) Final Processing Fees:
    - Subdivisions having a density of 66 to 100  
families/gross hectare, per hectare or  
fraction thereof ..... 295.00
    - Subdivisions having a density of 21 to 65  
families/gross hectare, per hectare or  
fraction thereof ..... 390.00
    - Subdivisions having a density of 20 and below  
families/gross hectare, per hectare or  
fraction thereof ..... 590.00
    - Additional fee on floor area of houses/buildings  
sold with the lot, per square meter ..... 2.00
  - (c) Alteration of plans fees same as processing fees
- 6) Final Inspection Fees and Issuance of Certification of Completion
  - (a) Subdivision:
    - Having a density of 66 to 100 family  
lot/hectare ..... 180.00
    - Having a density of 20 to 65 family  
lot/hectare ..... 265.00
    - Having a density of less than 20 family  
lots per hectare ..... 355.00"

SECTION 10. SEPARABILITY CLAUSE. – If for any reason, any provision, section or part of this Ordinance is declared not valid by a court of competent jurisdiction, such judgment shall not affect or impair the remaining provisions, sections or parts which shall continue to be in force and effect.

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*(Signature)*

*(Signature)*


SECTION 11. REPEALING CLAUSE. – All ordinances, rules and regulations or parts thereof in conflict with, or inconsistent with any of the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 12. EFFECTIVITY CLAUSE. – This Ordinance shall become effective upon completion of its publication for three (3) consecutive days in a newspaper of general circulation and posted on at least three (3) conspicuous places in Quezon City pursuant to Sections 59 and 108 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991.


ENACTED: September 11, 2023.

  
GIAN G. SOTTO  
City Vice Mayor  
Presiding Officer

ATTESTED:


  
ATTY. JOHN THOMAS S. ALFEROS, III  
City Government Department Head III  
(City Council Secretary)

APPROVED: NOV 16 2023

  
MA. JOSEFINA G. BELMONTE  
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on September 11, 2023 and was PASSED on Third/Final Reading on September 18, 2023.

  
ATTY. JOHN THOMAS S. ALFEROS, III  
City Government Department Head III  
(City Council Secretary)

