PO21CC-044

16th Regular Session

ORDINANCE NO. SP-2891, S-2019

AN ORDINANCE AMENDING SECTION 188 OF ORDINANCE NO. SP-2349, S-2014 PROVIDING FOR UNIFORM HOSPITAL RATES AND CHARGES, FOR THE QUEZON CITY GENERAL HOSPITAL (QCGH), NOVALICHES DISTRICT HOSPITAL (NDH), AND QUEZON CITY HEALTH DEPARTMENT (QCHD) AND TO ADOPT THE SAME IN ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL (RMBGH).

Introduced by Councilor DOROTHY A. DELARMENTE, M.D.
Co-Introduced by Councilors Bernard R. Herrera, Lena Marie P. Juico, Tany Joe "TJ" L. Calalay, Nicole Ella V. Crisologo, Victor V. Ferrer, Jr., Winston "Winnie" T. Castelo, Atty. Bong Liban, Eden Delilah "Candy" A. Medina, Ramon P. Medalla, Mikey F. Belmonte, Estrella C. Valmocina, Franz S. Pumaren, Kate Galang-Coseteng, Matias John T. Defensor, Wencerom Benedict C. Lagumbay, Jorge L. Banal, Sr., Peachy V. De Leon, Imee A. Rillo, Marra C. Suntay, Irene R. Belmonte, Resty B. Malañgen, Ivy L. Lagman, Jose A. Visaya, Patrick Michael Vargas, Shaira L. Liban, Ram V. Medalla, Allan Butch T. Francisco, Marivic Co Pilar, Melencio "Bobby" T. Castelo, Jr., Rogelio "Roger" P. Juan, Diorella Maria G. Sotto-Antonio, Donato "Donny" C. Matias, Eric Z. Medina, Freddy S. Roxas and Noe Dela Fuente.

WHEREAS, Republic Act No. 7160, otherwise known as the "Local Government Code of 1991", authorizes local government units to create their own sources of revenues to defray the expenses of government operations;

WHEREAS, Section 153 of the Local Government Code of 1991 empowers the local government units to impose and collect such reasonable fees and charges for services rendered;

WHEREAS, Section 154 of the same Code provides that Local government units may fix the rates for the operation of public utilities owned, operated and maintained by them within their jurisdiction;

WHEREAS, Section 65 (e) of Republic Act No. 6548 provides that QCGH can levy, collect and receive charges and/or fees due to the hospital for goods and/or services provided for pay patients, and to solicit and receive donations to the hospital in cash or kind, as authorized by law or ordinances, and by the rules and regulations of the Department of Health;

WHEREAS, the Quezon City General Hospital acquired through Republic Act No. 9184 new hospital equipment, such as but not limited to CT Scan, MRI, Mammogram, C-Arm;

WHEREAS, Section 191 of the Local Government Code of 1991, provides that the "local government units will have the authority to adjust the tax rate as prescribed herein not oftener than once every five (5) years, but in no case shall such adjustment exceed ten percent (10%) of the rates fixed under this code";

WHEREAS, Ordinance No. SP-2349, S-2014 was approved by the Quezon City Council on September 8, 2014, amending Section 188 of Quezon City Ordinance No. SP-91, S-1993, to unify the rates and charges in all hospitals established by the Quezon City Government;

WHEREAS, it was five years ago since Ordinance No. SP-2349, S-2014 was amended, thus, it is imperative to escalate rates and charges in order to meet the spiraling cost of various hospital services;

WHEREAS, the Quezon City Council approved Ordinance No. SP-2426, S-2015 establishing the Rosario Maclang Bautista General Hospital located in Barangay Batasan Hills, District II, Quezon City;

WHEREAS, it is imperative to provide charges for the newly acquired hospital equipment of the Quezon City Government owned Hospitals and to adjust the existing fees and charges under Ordinance No. SP-2349, S-2014 in order to meet the spiraling cost of various hospital services.

NOW, THEREFORE,

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

SECTION 1. AMENDMENT. - Section 188 (Hospital Charges) of Ordinance No. SP-2349, S-2014, as amended, is hereby further amended, to read as follows:

> Section 188. IMPOSITION OF CHARGES – The rate of fees of services prescribed herein shall be charged by the Quezon City General Hospital, Rosario Maclang Bautista General Hospital, Novaliches District Hospital and Quezon City Health Department.

I. Department of Pathology

1. Bacteriology Tests	**Uniform Hospital Rate**
Culture only – manual (Respiratory, body fluids, urine, stool & discharge specimen)	Php365.00
Culture only – manual (Blood)	Php541.00
Culture & Sensitivity –manual (Respiratory, body fluids, urine, stool & discharge specimen)	Php575.00
Culture & Sensitivity –manual (Blood)	Php728.00
Culture & Sensitivity – automated (Respiratory, body fluids, urine, stool & discharge specimen)	Php2,351.00
Culture & Sensitivity – automated (Blood)	Php3,083.00
Gram Staining	Php100.00
KOH	Php100.00
TMG	Php267.00

2. Bacteriology Tests	**Uniform Hospital Rate**
Culture only – automated (Blood)	Php2,078.00
Culture only – automated (Respiratory, body fluids, urine, stool & discharge specimen)	Php1,346.00

3. Blood Bank Tests	**Uniform Hospital New Rate**
Ab Screening (Automated)	Php607.00
Blood Typing (Automated)	Php672.00
Cross matching + Blood Typing (Gel Tech.)	Php1,315.00
Aliquot	Php242.00
Platelet Apheresis	Php13,284.00

4. Clinical Chemistry Tests	Uniform Hospital Rate
CBG	Php92.00
Lipase*	Php160.00
OGCT 75 Grams*	Php302.00

5. Histopathology Tests	Service		Private	
	Procedure	Reader's Fee	Procedure	Reader's Fee
FNAB (Fluid only)*	Php900.00	-	Php900.00	Php800.00
FNAB (Smear only)			-	Php600.00
2 slides	Php350.00	-	Php350.00	Php600.00
4 slides	Php650.00	-	Php650.00	Php800.00
5 slides	Php950.00	-	Php950.00	Php1,000.00
Ultrasound/ CT Guided Cytology				Php2,000.00
HER2 *	Php10,000.00	-	Php10,000.00	Php900.00
Immunohistochemistry (ER)*				Php900.00
Immunohistochemistry (PR)*				Php900.00

6. Blood Bank Tests	Uniform Hospital Rate
Coombs Test (Gel Tech)	Php403.00
Cross matching + Blood Typing * (Gel Tech.)	Php1,315.00

7. Serology Tests	Uniform Hospital Rate
Dengue IgM and IgG	Php600.00
NS1Ag	Php900.00
HepaBSAg	-
HCV	-
HIV	-
RPR	-

8. Clinical Chemistry Tests	Uniform Hospital Rate
Albumin	Php167.00
ALP	Php144.00
Amylase	Php160.00
Bilirubin (Direct)	Php199.00
Bilirubin (Total)	Php202.00
BUA	Php135.00
BUN	Php122.00
CA 125	Php1,000.00
Calcium (Ionized)	Php90.00
CEA	Php700.00
Chloride	Php90.00
Cholesterol	Php183.00
Creatinine	Php134.00
Glucose (FBS,RBS,2PP)	Php123.00
FT3	Php500.00

FT4	Php500.00
HBA1C	Php909.00
HDL	Php364.00
LDH	Php150.00
OGCT 75 Grams	Php302.00
Potassium	Php90.00
PSA	Php500.00
SGOT	Php263.00
SGPT	Php263.00
Sodium	Php90.00
T3	Php500.00
T4	Php500.00
Total Protein	Php142.00
Triglycerides	Php229.39
Troponin I (Quantitative)	Php1,300.00
TSH	Php500.00

9. Clinical Microscopy Tests	**Uniform Hospital Rate**
Fecalysis	Php40.00
Ketone	Php30.00
Occult Blood	Php50.00
Pregnancy Test*	Php104.00
RBC Morphology	Php45.00
Scotch Tape Method	Php40.00
Sperm Analysis	Php160.00
Urinalysis	Php45.00

10. Hematology Tests	**Uniform Hospital Rate**
ABO and RH Typing	Php40.00
Bleeding Time	Php65.00
Clotting Time	Php65.00
CBC (automated)	Php180.00
CBC (manual)	Php100.00
Differential Count	Php59.00
ESR	Php70.00
Hematocrit	Php65.00
Hemoglobin	Php70.00
Malarial Smear	Php70.00
Partial Thromboplastin Time (PTT)	Php200.00
Prothrombin Time (PT) with INR	Php200.00
Peripheral Blood Smear (PBS)	Php75.00
Platelet Count	Php104.00
RBC Count	Php52.00
Reticulocyte	Php70.00
Toxic Granules	Php50.00
WBC Count	Php60.00

11. Histopathology Tests	**Service**		**Private**	
	Procedure	Reader's	Procedure	Proposed
Cervical Cytology (Pap smear)	Php150.00	Php150.00	Php150.00	Php150.00

FNAB (Smear only)	-	-	-	Php600.00
Small Specimen (1 slide)	Php150.00	-	Php150.00	Php800.00
Medium Specimen (2-4 slides)	Php450.00	-	Php450.00	Php1,000.00
Large Specimen (5-9 slides)	Php1,000.00	-	Php1,000.00	Php2,000.00
Extra Large (>10 slides)	Php1,400.00	-	Php1,400.00	Php2,500.00
Rush Frozen Section (Service)	Php2,000.00	-	Php2,000.00	Php1,300.00
Rush Frozen Section (Pay)	Php2,000.00	-	Php2,000.00	Php3,000.00

12. Immunoserology Tests	**Uniform Hospital Rate**
BHCG	Php1,100.00
CA19-9	Php1,400.00
HBSAG	Php800.00
ANTIHBS	Php1,000.00
ANTIHAV IgG	Php1,100.00
ANTI HAV IgM	Php1,100.00
ANTI HCV	Php1,300.00
HIV	Php1,100.00
CKMB	Php1,000.00

II. Department of Radiology

1. MRI Plain	**Service**		**Private**	
	Procedure	Reader's	Procedure	Reader's
Brain DWI only	Php4,375.00	-	Php4,375.00	Php1,093.00
Head/Brain	Php7.500.00	-	Php7.500.00	Php1,875.00
Orbit	Php9,000.00	-	Php9,000.00	Php2,250.00
Sella	Php7,500.00	-	Php7,500.00	Php1,875.00
Pituitary gland	Php7,500.00	-	Php7,500.00	Php1,875.00
Internal Acoustic Canal	Php8,125.00	-	Php8,125.00	Php2,031.00
Brain Seizure Protocol	Php8,125.00	-	Php8,125.00	Php2,031.00
Neck/Nasopharynx	Php7,500.00	-	Php7,500.00	Php1,875.00
Tongue	Php7,500.00	-	Php7,500.00	Php1.875.00
Chest	Php8,125.00	-	Php8,125.00	Php2,031.00
Breast	Php9,325.00	-	Php9,325.00	Php2,331.00
Upper Abdomen	Php8,750.00	-	Php8,750.00	Php2,188.00
Lower Abdomen/Pelvis	Php8,750.00	-	Php8,750.00	Php2,188.00
Whole Abdomen	Php13,750.00	-	Php13,750.00	Php3,438.00

Adrenal Glands	Php8,750.00	-	Php8,750.00	Php2,188.00
Whole Spine	Php13,125.00	-	Php13,125.00	Php3,438.00
Cervical Spine	Php7,500.00	-	Php7,500.00	Php1,875.00
Thoracic Spine	Php7,500.00	-	Php7,500.00	Php1,875.00
Lumbar Spine	Php7,500.00	-	Php7,500.00	Php1,875.00
Extremities	Php7,500.00	-	Php7,500.00	Php1,875.00
Sacrum or Coccyx	Php7,500.00	-	Php7,500.00	Php1,875.00
Hip joints/Pelvic Bones	Php8,750.00	-	Php8,750.00	Php2,188.00
MRA Brain	Php8,750.00	-	Php8,750.00	Php2,188.00
MRA Neck	Php8,750.00	-	Php8,750.00	Php2,188.00
MRCP	Php9,375.00	-	Php9,375.00	Php2,344.00
Prostate	Php9,325.00	-	Php9,325.00	Php2,331.00
Venogram	Php8,750.00	-	Php8,750.00	Php2,188.00
Spectroscopy	Php8,750.00	-	Php8,750.00	Php2,188.00

2. MRI w/Contrast	**Procedure**	**Reader's**	**Procedure**	**Reader's**
Head/Brain	Php8,750.00	-	Php8,750.00	Php2,188.00
Orbit	Php8,750.00	-	Php8,750.00	Php2,188.00
Sella	Php8,750.00	-	Php8,750.00	Php2,188.00
Pituitary gland	Php8,750.00	-	Php8,750.00	Php2,188.00
Internal Acoustic Canal	Php10,000.00	-	Php10,000.00	Php2,500.00
Brain Seizure	Php10,000.00	-	Php10,000.00	Php2,500.00
Neck/Nasopharynx	Php9,375.00	-	Php9,375.00	Php2,344.00
Tongue	Php8,750.00	-	Php8,750.00	Php2,188.00
Chest	Php9,375.00	-	Php9,375.00	Php2,344.00
Breast	Php11,875.00	-	Php11,875.00	Php2,969.00
Upper Abdomen	Php11,250.00	-	Php11,250.00	Php2,812.00
Lower Abdomen/Pelvis	Php11,250.00	-	Php11,250.00	Php2,812.00
Whole Abdomen	Php16,875.00	-	Php16,875.00	Php4,219.00
Adrenal Glands	Php11,250.00	-	Php11,250.00	Php2,812.00
Whole Spine	Php16,250.00	-	Php16,250.00	Php4,063.00
Cervical Spine	Php9,375.00	-	Php9,375.00	Php2,344.00
Thoracic Spine	Php9,375.00	-	Php9,375.00	Php2,344.00
Lumbar Spine	Php9,375.00	-	Php9,375.00	Php2,344.00
Extremities	Php9,375.00	-	Php9,375.00	Php2,344.00
Sacrum or Coccyx	Php9,375.00		Php9,375.00	Php2,344.00
Hip joints/Pelvic Bones	Php9,375.00	-	Php9,375.00	Php2,344.00
MRA Brain	Php10,625.00	-	Php10,625.00	Php2,344.00
MRA Renal	Php17,500.00	-	Php17,500.00	Php4,375.00
MRA Neck	Php17,500.00	-	Php17,500.00	Php4,375.00

MRA Thoracic	Php17,500.00	-	Php17,500.00	Php4,375.00
MRA Abdominal	Php17,500.00	-	Php17,500.00	Php4,375.00
MRCP	Php15,000.00	-	Php15,000.00	Php3,750.00
MRA aorta and peripheral	Php21,250.00	-	Php21,250.00	Php5,313.00
MRI of the prostate	Php11,875.00	-	Php11,875.00	Php2,969.00

3. Mammogram	**Service**		**Private**	
	Procedure	Reader's	Procedure	Reader's
Digital Mammography	Php1,680.00	-	Php1,680.00	Php420.00
Digital Mammography + Breast Ultrasound	Php2,400.00	-	Php2,400.00	Php600.00
Cone Down Procedure	Php840.00	-	Php840.00	Php210.00
Magnification View	Php840.00	-	Php840.00	Php210.00
Digital Mammography + 3D Tomosynthesis	Php4,200.00	-	Php4,200.00	Php1,050.00
Mammotome Breast Biopsy	Php12,000.00	-	Php12,000.00	Php3,000.00
Galactography/ Ductography	Php3,600.00	-	Php3,600.00	Php900.00
Mammogram Breast-Guided Localization	Php4,800.00	-	Php4,800.00	Php1,200.00
Core Needle Breast Biopsy	Php9,600.00	-	Php9,600.00	Php2,400.00
Fine Needle Aspiration Biopsy, Breast	Php6,600.00	-	Php6,600.00	Php1,650.00
Special Interpretation for Mammography	Php600.00	-	Php600.00	Php150.00
Special Interpretation for Ultrasound	Php600.00	-	Php600.00	Php150.00

4. Use of C-Arm with Fluoroscopy	**Service**		**Private**	
	Procedure	Reader's	Procedure	Reader's
Ankle	Php1,875.00	-	Php1,875.00	Php469.00
Cervical	Php1,875.00	-	Php1,875.00	Php469.00
Elbow	Php1,875.00	-	Php1,875.00	Php469.00
Thigh	Php1,875.00	-	Php1,875.00	Php469.00
Foot	Php1,875.00	-	Php1,875.00	Php469.00

Forearm	Php1,875.00	-	Php1,875.00	Php469.00
Biliary Surgery	Php1,875.00	-	Php1,875.00	Php469.00
ERCP	Php2,188.00		Php2,188.00	Php547.00

5. X-Ray	**Service**		**Private**	
	Procedure	Reader's	Procedure	Reader's
Chest PA	Php300.00	-	Php300.00	Php75.00
Chest PA/L	Php400.00	-	Php400.00	Php100.00
Chest ALV/Coned down	Php250.00	-	Php250.00	Php62.50
Chest lateral	Php250.00	-	Php250.00	Php62.50
Chest lateral decubitus	Php250.00	-	Php250.00	Php62.50
Chest (portable)	Php315.00	-	Php315.00	Php78.75
Ribs/Thoracic Cage	Php400.00	-	Php400.00	Php100.00
Skull (PA/L)	Php400.00	-	Php400.00	Php100.00
Mandible	Php700.00	-	Php700.00	Php175.00
Mastoid	Php500.00	-	Php500.00	Php125.00
TMJ	Php600.00	-	Php600.00	Php150.00
Water's View	Php300.00	-	Php300.00	Php75.00
Paranasal sinuses	Php450.00	-	Php450.00	Php112.50
Submentovertex/ Towne's view	Php250.00	-	Php250.00	Php62.50
Orbits	Php450.00	-	Php450.00	Php112.50
Nasal bones/Soft Tissue Lateral	Php500.00	-	Php500.00	Php125.00
Cervical spine (AP/L)	Php450.00	-	Php450.00	Php112.50
Cervical spine (AP/L) + O	Php550.00	-	Php550.00	Php137.50
Thoracic spine	Php450.00	-	Php450.00	Php112.50
Lumbosacral spine	Php450.00	-	Php450.00	Php112.50
Lumbosacral spine + Oblique view	Php550.00	-	Php550.00	Php137.50
Scoliotic study	Php900.00	-	Php900.00	Php225.00
Abdomen supine & upright	Php500.00	-	Php500.00	Php125.00
Abdomen (portable)	Php375.00	-	Php375.00	Php93.75
Pelvis (AP)	Php300.00	-	Php300.00	Php75.00
Pelvis + Frog leg	Php600.00	-	Php600.00	Php150.00
Shoulder unilateral	Php300.00	-	Php300.00	Php75.00
Shoulder AP/O	Php450.00	-	Php450.00	Php112.50

Elbow (Unilateral)	Php350.00	-	Php350.00	Php87.50
Ankle (Unilateral)	Php350.00	-	Php350.00	Php87.50
Foot (Unilateral)	Php350.00	-	Php350.00	Php87.50
Humerus (Unilateral)	Php350.00	-	Php350.00	Php87.50
Femur (Unilateral)	Php350.00	-	Php350.00	Php87.50
Lower leg (Unilateral)	Php350.00	-	Php350.00	Php87.50
Hand (Unilateral)	Php350.00	-	Php350.00	Php87.50
Wrist (Unilateral)	Php350.00	-	Php350.00	Php87.50
Extremity (Portable)	Php750.00	-	Php750.00	Php187.50
IVP/ Retrograde pyelogram/ CUG	Php1,500.00	-	Php1,500.00	Php375.00
Hysterosalphingography	Php1,500.00	-	Php1,500.00	Php375.00
T-Tube Cholangioram	Php1,000.00	-	Php1,000.00	Php250.00
Fistulogram	Php700.00	-	Php700.00	Php175.00
Barium swallow/ Esophagogram	Php1,150.00	-	Php1,150.00	Php287.50
Barium enema/ Colonogram	Php1,500.00	-	Php1,500.00	Php375.00
Upper/ Lower GI Series	Php1,500.00	-	Php1,500.00	Php375.00

6. Ultrasound	**Procedure**	**Reader's**	**Procedure**	**Reader's**
1 Organ (Including RLQ)	Php800.00	-	Php800.00	Php280.00
HBT	Php1,000.00	-	Php1,000.00	Php350.00
Upper abdomen	Php1,200.00	-	Php1,200.00	Php420.00
Lower abd (KUBP or KUB + Pelvic)	Php1,200.00	-	Php1,200.00	Php420.00
Whole abdomen	Php2,400.00	-	Php2,400.00	Php840.00
Transrectal (Prostate or Pelvic)	Php1,500.00	-	Php1,500.00	Php525.00
Transvaginal	Php1,500.00	-	Php1,500.00	Php525.00
Pelvic Gyne	Php1,000.00	-	Php1,000.00	Php350.00
Pelvis (OB/ Biometry)	Php1,200.00	-	Php1,200.00	Php300.00
BPS	Php1,500.00	-	Php1,500.00	Php525.00
KUB	Php1,000.00	-	Php1,000.00	Php350.00
Breast (Bilateral)	Php1,500.00	-	Php1,500.00	Php525.00
Thyroid	Php1,200.00	-	Php1,200.00	Php420.00
Neck	Php1,500.00	-	Php1,500.00	Php525.00
Cranial	Php950.00	-	Php950.00	Php330.00
Scrotal w/ doppler	Php1,350.00	-	Php1,350.00	Php475.00
Inguinoscrotal w/ doppler	Php1,500.00	-	Php1,500.00	Php525.00

FAST	Php1,500.00	-	Php1,500.00	Php525.00
Thora- or paracentesis/ Biopsy	Php1,500.00	-	Php1,500.00	Php1,500.00
Chest	Php800.00	-	Php800.00	Php280.00
Chest mapping (Unilateral)	Php1,200.00	-	Php1,200.00	Php1,500.00
Chest mapping (Bilateral)	Php1,700.00	-	Php1,700.00	Php2,000.00
Carotid Doppler	Php2,500.00	-	Php2,500.00	Php1,000.00
Arterial (upper/ lower) each limb	Php2,500.00	-	Php2,500.00	Php2,000.00
Venous (upper/ lower) each limb	Php2,500.00	-	Php2,500.00	Php2,000.00
AV duplex (upper/ lower) each limb	Php5,000.00	-	Php5,000.00	Php3,000.00

7. CT Scan (Plain)	**Procedure**	**Reader's**	**Procedure**	**Reader's**
Head/ Brain	Php3,500.00	-	Php3,500.00	Php875.00
Chest	Php3,500.00	-	Php3,500.00	Php875.00
Chest HR	Php4,000.00	-	Php4,000.00	Php1,000.00
Mandible/ Neck	Php4,000.00	-	Php4,000.00	Php1,000.00
Orbits	Php4,000.00	-	Php4,000.00	Php1,000.00
PNS	Php3,000.00	-	Php3,000.00	Php750.00
Temporal bone	Php4,000.00	-	Php4,000.00	Php1,000.00
Nasopharynx	Php3,500.00	-	Php3,500.00	Php875.00
Facial Bone	Php4,500.00	-	Php4,500.00	Php1,125.00
Thoracic spine	Php4,000.00	-	Php4,000.00	Php1,000.00
Lumbosacral spine	Php4,000.00	-	Php4,000.00	Php1,000.00
Whole abdomen	Php7,500.00	-	Php7,500.00	Php1,875.00
Upper abdomen	Php4,000.00	-	Php4,000.00	Php1,000.00
Lower abdomen	Php4,000.00	-	Php4,000.00	Php1,000.00
Extremities	Php3,500.00	-	Php3,500.00	Php875.00
Pelvis	Php4,000.00	-	Php4,000.00	Php1,000.00
Sonogram	Php7,000.00	-	Php7,000.00	Php1,750.00

8. CT Scan w/Contrast	**Procedure**	**Reader's**	**Procedure**	**Reader's**
Head/ Brain	Php4,000.00	-	Php4,000.00	Php1,000.00
Chest	Php4,500.00	-	Php4,500.00	Php1,125.00
Chest HR	Php5,000.00	-	Php5,000.00	Php1,250.00

Mandible/ Neck	Php5,000.00	-	Php5,000.00	Php1,250.00
Orbits	Php5,000.00		Php5,000.00	Php1,250.00
PNS	Php4,000.00	-	Php4,000.00	Php1,000.00
Temporal bone	Php5,000.00	-	Php5,000.00	Php1,250.00
Nasopharynx	Php4,500.00	-	Php4,500.00	Php1,125.00
Facial Bone	Php5,500.00	-	Php5,500.00	Php1,375.00
Thoracic spine	Php5,000.00	-	Php5,000.00	Php1,250.00
Lumbosacral spine	Php5,000.00	-	Php5,000.00	Php1,250.00
Whole abdomen	-	-	-	-
A. Uniphasic	Php8,000.00	-	Php8,000.00	Php2,000.00
B. Bi./Triphasic	Php10,000.00	-	Php10,000.00	Php2,500.00
Upper abdomen	-	-	-	-
A. Uniphasic	Php5,000.00		Php5,000.00	Php1,250.00
B. Bi./Triphasic	Php8,000.00	-	Php8,000.00	Php2,000.00
Lower abdomen	-	-	-	-
A. Uniphasic	Php5,000.00	-	Php5,000.00	Php1,250.00
B. Bi./Triphasic	Php8,000.00	-	Php8,000.00	Php2,000.00
Extremities	Php5,500.00	-	Php5,500.00	Php1,375.00
Pelvis	Php5,500.00	-	Php5,500.00	Php1,375.00
Urogram	Php9,000.00	-	Php9,000.00	Php2,250.00
CTA Head	Php8,500.00	-	Php8,500.00	Php2,125.00
CTA pulmonary	Php8,500.00	-	Php8,500.00	Php2,125.00
(CTA) thoracic/ abdominal aorta)	Php10,000.00	-	Php10,000.00	Php2,500.00

9. Special Procedures	**Procedure**	**Reader's**	**Procedure**	**Reader's**
Paracentesis, thoracentesis, pericardiocentesis, aspiration	Php2,000.00	-	Php2,000.00	Php5,000.00
Catheter insertion	Php4,500.00	-	Php4,500.00	Php10,000.00
FNAB <1cm	Php2,000.00	-	Php2,000.00	Php8,000.00
FNAB 1-3 cm	Php2,000.00	-	Php2,000.00	Php6,000.00
FNAB >3cm	Php2,000.00	-	Php2,000.00	Php4,000.00
Core biopsy	Php4,000.00	-	Php4,000.00	
Stereotactic/ wire biopsy	Php4,000.00	-	Php4,000.00	Php10,000.00
PTBD insertion	Php5,000.00	-	Php5,000.00	Php20,000.00

III. Department of Internal Medicine

Procedure	**Uniform Hospital Rate (Service)**		**Uniform Hospital Rate (Private)**	
	Procedure	Professional Fee	Procedure	Professional Fee
Electroencephalogram (EEG)	Php2,000.00	-	Php2,000.00	Php250.00
ENDOSCOPY				
Video Gastroscopy (VG)	Php5,500.00	-	Php5,500.00	

VG w/ brushing	Php5,500.00	-	Php5,500.00	
VG w/ biopsy	Php5,500.00	-	Php5,500.00	
VG w/ dilatation	Php9,600.00	-	Php9,600.00	
VG w/ PEG	Php9,600.00	-	Php9,600.00	
VG w/ FB removal	Php7,400.00	-	Php7,400.00	
VG w/polypectomy	Php6,100.00	-	Php6,100.00	
VG w/ snare Polypectomy	Php5,400.00	-	Php5,400.00	
VG w/ control of bleeding	Php7,400.00	-	Php7,400.00	
ERCP, diagnostic	Php10,900.00	-	Php10,900.00	
ERCP w/ biopsy	Php10,900.00	-	Php10,900.00	
ERCP w/ sphincterotomy	Php10,900.00	-	Php10,900.00	
ERCP w/stone extraction	Php10,700.00	-	Php10,700.00	
ERCP w/ biliary drainage tube	Php10,900.00	-	Php10,900.00	
ERCP w/ stent	Php10,900.00	-	Php10,900.00	
ERCP w/ change of stent	Php10,900.00	-	Php10,900.00	
ERCP w/ dilatation	Php10,700.00	-	Php10,700.00	
Video Colonoscopy (VC)	Php5,400.00	-	Php5,400.00	
VC w/ FB removal	Php5,400.00	-	Php5,400.00	
VC w/ biopsy	Php5,400.00	-	Php5,400.00	
VC w/ control bleeding	Php9,600.00	-	Php9,600.00	
VC w/ polypectomy	Php9,600.00	-	Php9,600.00	
VC w/ snare	Php9,600.00	-	Php9,600.00	
VC w/ thru stoma	Php7,400.00	-	Php7,400.00	
VC w/ thru stoma, biopsy	Php7,400.00	-	Php7,400.00	
VC w/ thru stoma, control of bleeding	Php9,600.00	-	Php9,600.00	
VC w/ thru stoma, polypectomy	Php9,600.00	-	Php9,600.00	

Treadmill	Php80.00
Multi –Gym	Php80.00 (per session)
Body Lifter	Php100.00
Shockwave Therapy	Php300.00 (per area per 600 shocks)
Endolaser Therapy	Php100.00 (per area)
Lymphatic Press Compression	Php100.00 (per limb)
Continuous Passive Motion	Php100.00 (per limb)
Tilt Table	Php80.00

2. Professional Fee	**Uniform Hospital Rate**
1. Service Ward (In-patient)	➢ Initial Consultation - Php200.00 ➢ Follow-up Consultation - Php100.00
2. Private (In-patient)	Consultation - Php1,300.00/consultation
3. Service (OPD patient)	➢ Initial Consultation - Php100.00 ➢ Follow-up Consultation - Php80.00
4. Private (OPD patient)	Consultation - Php500.00

VI. Department of ORL-HNS

Procedure	**Uniform Hospital Rate**
Pure tone Audiometry, Speech Audiometry and Tympanometry	Php500.00
Automated Audiometric Brainstem Response (AABR)/ Newborn Hearing Screening Test	Php500.00

VII. Department of Ophthalmology

Eye Center Procedure Fees (Prices are for Non-Senior Citizen patients. All Senior Citizen with I.D. will receive 20% discount).

Procedure	**Procedure Fee**	**Reader's fee (for private patient only)**
1. F.A.	Php4,375.00	Php300.00
2. Fundus Photo	Php600.00 (both eyes)	None
3. Macular Oct	Php1,000.00/eye	Php300.00
4. Nerve Oct	Php1,000.00/eye	Php300.00
5. Anterior Segment Oct	Php1,000.00/eye	Php300.00

6. Biometry	Php600.00 (both eyes)	None
7. A-Scan	Php400.00 (both eyes)	None
8. B-Scan	Php500.00/eye	Php500.00
9. Ubm	Php1,000.00/eye	Php500.00
10. Farnsworth	Php500.00	Php200.00
11. Stereo Vision Test Using Stereo Titmus Fly Test	Php200.00	Php100.00
12. Ar, Kera, Tono, Pachy	Php150.00 (each) or Php400.00 as package	None
13. Perimetry	Php1,200.00	Php300.00
14. Glaucoma Package	Php3,500.00	Php500.00
15. Prp Laser	Php5,400.00/eye	None
16. Laser Iridotomy	Php5,500.00/eye	
17. Focal Laser	Php5,400.00/eye	
18. YagCapsulotomy Laser	Php4,900.00/eye	
19. Iridoplasty Laser	Php5,400.00/eye	
20. Trabeculoplast Laser	Php5,400.00/eye	

Note: Eye Center Procedure Fees (Prices are for Non-Senior Citizen patients. All Senior Citizen with I.D. will receive 20% discount).

VIII. Bahay-Kalinga (HACT)

Procedure	**Uniform Hospital Rate**
CD4 Count Analysis	Php1,526.00

IX. Others

Machine/Equipment (per hr./use)	**Uniform Hospital Rate**
Accuvein(Vein Locator)	Php76.00/use
Automated External Defibrilator	Php33.00/use
Plasma Sterilizer	Php856.00/hr.
Portable Periaphecal X-Ray Machine	Php160.00/hr.

SECTION 2. REPEALING CLAUSE. - All Ordinances, rules and regulations or parts thereof, which are in conflict with the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 3. EFFECTIVITY. – This Ordinance shall take effect immediately upon its approval.

ENACTED: November 18, 2019.

GIAN G. SOTTO
City Vice Mayor
Presiding Officer

ATTESTED:

Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III

APPROVED: 27 DEC 2019

MA. JOSEFINA G. BELMONTE
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on November 18, 2019 and was PASSED on Third/Final Reading on December 2, 2019.

Atty. JOHN THOMAS S. ALFEROS III
City Government Dept. Head III