

Diagnostic Ultrasound Procedure for Admitted Patients

Medical test that uses high-frequency sound waves to capture live images from the inside of your body. The doctor may order an ultrasound if you're having pain, swelling or other symptoms that require internal view of your organs or viewing a developing fetus during pregnancy. It is also known as sonography.

Office or Division:	Radiology Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Admitted and Emergency Room Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Ultrasound Request Form			Resident Doctor/ Consultant	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse in charge presents ultrasound request form.	1. Check correctness of filled up request form.	None	2 minutes	Radiologic Technologist/Clerk
2. Wait for the schedule of the procedure.	2. Inform wards for the preparation time and date of the procedure.	None	5 minutes	Radiologic Technologist/Clerk

3. Once with schedule, prepare patient.	3. List the name of the patients to be examined on the sheet of paper and endorsed it to the ward man on duty.	None	5 minutes	Radiologic Technologist/Clerk
4. Transport patient to Ultrasound waiting area.	4. Stand by the patient at the ultrasound waiting area.	None	10 minutes	Ward man in charge
5. Assist patient to the ultrasound room once he/she is called.	5. Verify patient's identity and information. Instruct patient on what to do.	None	5 minutes	Radiologic Technologist/Clerk
	5.1 Perform examination.	None	15 minutes	Sonologist

6. Transport patient back to ward. 6.1 Wait for results to be forwarded.	5.2 Interpret Ultrasound Images.	None	1 hour	Sonologist
	5.3 Encode and print result.	None	30 minutes	Radiologic Technologist/Clerk
	5.4 Forward results to the wards.	None	15 minutes	Radiologic Technologist/Clerk
	Total:	Charge to Hospital Bill	2 hour and 17 minutes	

The following are the Ultrasound Examinations with its corresponding charges:

ABDOMEN LOWER	730.00
ABDOMEN UPPER	815.00
ABDOMEN WHOLE	985.00
BREAST	560.00
CAROTID	600.00
CERVICAL	560.00
GALL BLADDER	480.00
GUIDED ASPIRATION/ BIOPSY	6,000.00
HEPATOBIILIARY TREE	564.00
KIDNEYS	480.00
KUB	564.00
KUB-LIVER	480.00
KUB-LIVER-GALL BLADDER	650.00
KUB-PROSTATE	650.00
KUB-PROSTATE-GB-PANCREAS	815.00
LIVER	480.00
LIVER-GB-SPLEEN-PANCREAS	730.00
LIVER SPLEEN	650.00
LUNGS/HEMITHORAX	480.00
OB-PROFILE	560.00
PANCREAS	480.00
PELVIS	480.00
PROSTATE	560.00
SCROTUM	560.00
SOFT TISSUE	600.00
SPLEEN	480.00
THYROID	560.00
TRANS-CRANIAL	560.00

TRANS-RECTAL	560.00
TRANS-VAGINAL	560.00
URINARY BLADDER	480.00
VASCULAR	600.00

CT Scan Inpatient Services

The CT Scan services shall provide quality diagnostic service by providing high quality CT Scan images with timely and accurate results with ensuring the safety of the patients during the procedure.

Office or Division:	Radiology Department			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen G2G – Government to Government			
Who may avail:	All admitted patient for Ct- Scan.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled-out request form (should include pertinent history and physical examination)		Attending physician		
CT Scan Checklist for requirements		CT Scan Section		
Creatinine Result		Laboratory		
Physicians recommendation/Nephro clearance (If applicable)		Physician's Clinic		
Results and/or films of previous diagnostic procedures (Examinations done in other institutions)		Specific Health Care Institutions		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for CT Scan. From ER or Wards.	1. Receive and evaluate patient's CT Scan request.	None	15 Minutes	<i>Radiologic Technologist</i>
	1.1 CT Scan request without contrast or plain, then proceed to step 4.	None	5 Minutes	
2. Scheduling of Patients	2. Give checklist of requirements (supplies and medicines needed for procedure), if creatinine result is acceptable.	None	10 Minutes	<i>Radiologic Technologist</i>

3. Submit supplies and medicines if procedure requested is with contrast.	3. Check the materials and give instructions for preparation of patient and available schedule.	None	30 Minutes for Special Procedure Only	<i>Radiologic Technologist</i>
4. Transport patient to CT Scan section on scheduled date for the conduct of procedure.	4.1 Take the pertinent patient history and physical examination. Explain the informed consent to the patient. Prepare materials and instruct patients on what to do.	None	15 Minutes	<i>Radiologic Technologist</i>
	4.2 Log in the patients data	None	10 Minutes	<i>Radiologic technologist</i>
	4.3 Perform Ct-Scan Procedure. Administer intravenous insertion for the procedure with contrast.	None	30 Minutes for Special Procedure Only	<i>Radiologic technologist</i>
	4.4 Perform the CT scan procedure.	None	10minutes for Routine Exam	<i>Radiologic technologist</i>
5. Wait for the completion of processing.	5. Process and interpret result. 5.1 Create CT Scan official result.	None	4 Days for Special Procedure 3 Days for Routine Exam	<i>Radiologist/ Consultant</i>

6. Claim the official result.	6. Print, record and release the final CT scan report.	None	10 minutes	<i>Administrative Aide II</i> X-ray Releasing Section
	6.1 Forward the finalized report to the ward.	None	15 minutes	
	Total:	Charged to Hospital Bill.		

The following are the CT-SCAN Examinations with its corresponding charges:

CT-SCAN PROCEDURE/ EXAMINATION	NEW RATE
UPPER /MID /LOWER ABDOMEN PLAIN	4,200
UPPER /MID /LOWER ABDOMEN CONTRAST	8,750
WHOLE ABD. PLAIN	8,200
WHOLE ABD. CONTRAST	12,750
BRAIN PLAIN	3,000
BRAIN CONTRAST	4,850
BRAIN PLAIN (WITH BONE WINDOW/ CORONAL CUTS)	3,500
CHEST/ THORACIC PLAIN	4,200
CHEST/ THORACIC CONTRAST	6,050
EXTREMITY PLAIN	3,700
EXTREMITY WITH 3D RECON	5,200
FACIAL BONE PLAIN	4,700
FACIAL BONE W/ 3D RECON	5,200
FACIAL WITH CONTRAST	6,550
HIP PLAIN	3,200
LUMBAR-SACRAL PLAIN	6,000
LUMBAR- SACRAL CONTRAST	7,850
MAXILLA PLAIN	4,700
NASO/OROPHARYNX/LARYNX	3,700
NASOPHARYNX WITH CONTRAST	5,050
NECK PLAIN	3700
NECK CONTRAST	5,550
ORBIT/ OSTEOMEATAL COMPLEX	3,700
ORBIT WITH CONTRAST	5,550
PARANASAL SINUSES PLAIN	3,700
PARANASAL SINUSES W/ CONTRAST	5,550
PELVIS PLAIN	3,200
PELVIS CONTRAST	7,750
PITUITARY GLAND/ SELLA	3,700
RENAL / ADRENAL	3,200

SPINE WITH 3D RECON	6,000
STENOGRAM	4,700
CT-SCAN PROCEDURE/ EXAMINATION	NEW RATE
TEMPORAL OR MASTOID PLAIN	3,700
TEMPORAL OR MASTOID W/ CONTRAST	5,550
UROGRAPHY	12,750
CHEST AND UPPER ABD. PLAIN	8,400
CHEST AND UPPER ABD. W/ CONTRAST	12,450
CHEST AND WHOLE ABD. PLAIN	12,400
CHEST AND WHOLE ABD. W/ CONTRAST	16,450
NECK AND CHEST PLAIN	7,900
NECK AND CHEST W/CONTRAST	9,250
NECK AND BRAIN PLAIN	6,700
NECK AND BRAIN W/ CONTRAST	8,050
NECK, CHEST AND UPPER ABD. PLAIN	12,100
NECK, CHEST AND UPPER ABD. W/ CONTRAST	16,150
NECK, CHEST AND WHOLE ABD. PLAIN	16,100
NECK, CHEST AND WHOLE ABD. W/ CONTRAST	20,150

Note:

1. Price of abdominal (whole, upper, lower) scan (plain/contrast) and all other contrast examination or procedure may vary depending on the radiologist's order or preference (protocol of the contrast to be used).
2. Contrast (dye) and barium sulphate prices are subject to changes depending on the availability of supply.

2- Dimensional Echocardiography (2D Echo)

This is a safe and painless procedure that uses a transducer (a small, microphone type device) to send high frequency sound waves to the heart. Can view the heart valves and pumping strength, look for structural defect, heart enlargement and/or fluid build up. A Doppler exam and color flow exam are also performed. This allows doctors to evaluate blood flow through the heart. The nurse in charge/technologist will videotape the parts of the study and later diagnose by the cardiologist.

Availability of this service is from Monday - Friday 8:00 am to 4:00 pm, except holidays.

Office or Division:		Radiology Department		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		ALL		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. 2D-ECHO REQUEST FORM			RESIDENT DOCTOR/ CONSULTANT	
2. CHARGE SLIP			NURSE IN CHARGE (2D-ECHO ROOM)	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Submit 2d-echo request	7. Check correctness of filled up request form.	NONE	2 minutes	Nurse in charge (2d-echo room)
4. Take note of the given date of the procedure.	8. Inform patient of the time and date of the procedure	NONE	2 minutes	Nurse in charge (2d-echo room)
	8.1. Give charge slip for payment.	NONE	2minutes	Nurse in charge (2d-echo room)

9. Proceed to cashier for payment and return to 2D-echo room after payment.	3. Accept payment and issue official receipt.	Php 3,500	10 minutes	Cashier Section
3.1 If availing assistance, proceed to Medical Social Work Service/ Malasakit Center	3.1 Process availment of financial assistance.	NONE	20 minutes	Medical Social Work Office/Malasakit Center
10. Return to 2d-echo room on the schedule date.	4. Verify patient's identity and information. Instruct patient on what to do.	NONE	5 minutes	Nurse in charge (2d-echo room)
4.1 Sign consent form. (If applicable)	4.1 Receive filled out consent form.	NONE	2 minutes	Nurse in charge (2d-echo room)
	4.2 Perform examination.	NONE	1 hour	Nurse in charge (2d-echo room)
	4.3 Provide date for the releasing of result.	NONE	5 minutes	Nurse in charge (2d-echo room)
	4.4 Read and interpret the recorded 2d-echo images.	NONE	14 days	Consultant/Cardiologist

11. Return to 2d echo room on the said date and submit receipt or ID for verification.	5. Instruct patient to affix name and signature at the releasing logbook. Release the official result.	NONE	5 minutes	Nurse in charge (2d-echo room)
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Ultrasound Services for Outpatients

Medical test that uses high-frequency sound waves to capture live images from the inside of your body. The doctor may order an ultrasound if you're having pain, swelling or other symptoms that require internal view of your organs or viewing a developing fetus during pregnancy. It is also known as sonography.

This service availability is from Monday - Friday 8:00 am to 4:00 pm, except holidays.

Office or Division:		Radiology Department		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		ALL OPD Patient		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
3. ULTRASOUND REQUEST FORM			RESIDENT DOCTOR/ CONSULTANT	
4. CHARGE SLIP			RADIOLOGIC TECHNOLOGIST (RADIOLOGY DEPARTMENT)	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5. Present ultrasound request form	12. Check correctness of filled up request form.	NONE	1 minutes	Radiologic Technologist/Clerk
6. Scheduling of Patients	13. Inform patient of the time and date of the procedure .	NONE	2 minutes	Radiologic Technologist/Clerk

14. Proceed to cashier for payment and return to Radiology Department after payment.	3. Accept payment and issue official receipt.	Please refer to approved schedule of fees below. (See Below).	10 minutes	Cashier Section
3.1 If availing assistance, proceed to Medical Social Work Service/ Malasakit Center	3.1 Process availment of financial assistance.	NONE	10 minutes	Medical Social Work Office/Malasakit Center
15. Return to Radiology Department on the scheduled date.	4. Verify patient's identity and information. Instruct patient on what to do.	NONE	1 minutes	Radiologic Technologist/Clerk
	4.1 Perform examination.			
	4.2 Read and interpret images.			
	4.3 Provide date for the			Sonologist/Radiologist

	releasing of result	NONE	15 minutes	Sonologist/Radiologist
	4.3 Encode and print result.	NONE	15 minutes	
	4.4 Instruct patient when to claim results.	NONE	2 minutes	
		NONE	10 minutes	
		NONE	5 minutes	
			RELEASING SCHEDULE:OUT PATIENT: ULTRASOUND EVERY 4:00PM MONDAY-FRIDAY, EXCEPT HOLIDAYS.	

16. Return to Radiology Department on the given time. Present receipt or charge slip approved.	5. Instruct patient to affix full name and signature on the releasing logbook. And release official result.	NONE	1 minutes	Radiologic Technologist/Clerk
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Out-patient X-ray Services

This service provides routine diagnostic x-ray imaging for outpatient department patients. Availability of service is 8:00 am to 5pm, Monday to Friday, except holidays.

Office or Division:	Radiology Department			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled-out request form (should include pertinent history and physical examination)		Attending physician/ OPD		
Checklist for requirements		X-Ray Section		
Creatinine Result (If applicable)		Laboratory		
Physicians recommendation/Nephro clearance (If applicable)		Physician's Clinic		
Results and/or films of previous diagnostic procedures (Examinations done in other institutions)		Specific Health Care Institutions		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present X-ray request to the receiving clerk at the Radiology Department.	1. Receive and evaluate patient's X-RAY request. Provide charge slip for the fees to be paid. 1.1 Routine X-Ray request, then proceed to step 4.	None None	1 Minute	<i>Radiologic technologist</i>
2. Scheduling of Patients	2. Give checklist of requirements (supplies and medicines needed for procedure), bowel preparation, creatinine result if needed.	None	10 Minutes	<i>Radiologic technologist</i>

3.Proceed to the cashier for payment and return to the Radiology Department afterwards.	3.Accept payment and issue official receipt.			Cashier Section
3.1 If availing financial assistance, proceed to OPD Medical Social Work Services/Malasakit Center and return to Radiology Department once it is approved.	3.1Process availment of financial assistance.	Please refer to approved schedule of fees below. NONE	20 Minutes	<i>Social Worker/ Medical Social Work Service Office/ Malasakit Center</i>
4. Present x-ray request and receipt or charge slip approved to receiving clerk (Radiology Department).	4.Verify patient's identity and information. If special procedure, prepare materials and instruct patient on what to do.	None	Special Procedure- 5 Minutes	<i>Radiologic technologist</i>

5. Perform procedure.	5.Position the patient and instruct on what to do. Inform that the releasing of result will be at the Out Patient Department.	None	Routine Exam- 10 minutes	<i>Radiologic technologist</i>
5.1 Wait for the completion of processing.			Special Procedure 1 Hour	<i>Radiologist & Radiologic Technologist</i>
			X-Ray Performed between 7:00am – 1:00pm –results available every 4:00pm	
	5.1 Instruct patient when to claim results.	None	X-Ray Performed beyond 1:00pm – results available every 11:00am on the next day	<i>Clerk/ Radiologic Technologist</i>
	5.2 Process and interpret result.	None	5 minutes	<i>Radiologist & Radiologic Technologist</i>
	5.3 Retrieves/ Encodes Official Results	NONE	10 minutes	<i>Clerk/ Radiologic Technologist</i>
			10 minutes	
6. Endorse Official Results to OPD	6. Forward the finalized report to the Out Patient Department	None	10 minutes	<i>Clerk/ OPD Personnel In-charge</i>

*The following are the X-Ray
Examinations with its
corresponding charges:*

PELVIS/ HIP JOINT	200.00
SACRUM APL/L	265.00
COCCYX AP/L	265.00
IMPERFORATE ANUS	265.00
SCOLIOTIC SERIES	522.00
SHOULDER AP	265.00
CLAVICLE	265.00
SCAPULA	265.00
ARM/ HUMERUS AP/L (Adult)	318.00
ARM/ HUMERUS AP/L (Pedia)	265.00
FOREARM/ RADIO-ULNA (Adult)	318.00
FOREARM/ RADIO-ULNA (Pedia)	265.00
WRIST	265.00
HAND	265.00
THIGH/ FEMUR (Adult)	330.00
THIGH/ FEMUR (Pedia)	265.00
LEG/ TIBIA-FIBULA (Adult)	330.00
LEG/ TIBIA-FIBULA (Pedia)	265.00
KNEE (Adult)	265.00
KNEE (Pedia)	165.00
ANKLE	265.00
FOOT	265.00
CALCANEOUS	265.00
WANGESTIEN	265.00

SPECIAL RADIOGRAPHIC PROCEDURES	
*BARIUM ENEMA	200.00/film
*CHOLANGIOGRAM	200.00/film
*COLONOGRAM	200.00/film
*CYSTOGRAPHY	200.00/film
*ESOPHAGOGRAM	200.00/film
*IVP/ IVU	200.00/film
*MYELOGRAPHY	200.00/film

Inpatient X-Ray Services

The services shall provide quality diagnostic service by providing high quality radiograph with timely and accurate results with ensuring the safety of the patients during the procedure.

Office or Division:	Radiology Department			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen G2G – Government to Government			
Who may avail:	All Admitted X-Ray Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled-out request form (should include pertinent history and physical examination)		Attending physician		
Checklist for requirements		X-Ray Section		
Creatinine Result (If applicable)		Laboratory		
Physicians recommendation/Nephro clearance (If applicable)		Physician's Clinic		
Results and/or films of previous diagnostic procedures (Examinations done in other institutions)		Specific Health Care Institutions		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Submit request for X-Ray. From ER or Wards.	1. Receive and evaluate patient's X-RAY request.	None	1 Minutes	<i>Radiologic technologist</i>
	1.1 Routine X-Ray request, then proceed to step 4.	None		
2. Scheduling of Patients	2. Give checklist of requirements (supplies and medicines needed for procedure),bowel preparation, creatinine result is needed.	None	10 Minutes	<i>Radiologic technologist</i>
3. Prepares Materials	3. Check the materials and give instructions for preparation of patient and available schedule.	None	1 Minute for Special Procedure	<i>Radiologic Technologist</i>

			Only	
4. Transport patient X-ray section during the scheduled time.	4.1 Take the pertinent patient history and physical examination. For special procedure explain the informed consent to the patient. Prepare patient and materials on what to do.	None	Special Procedure- 15 Minutes	<i>Radiologic technologist</i>
	4.2 Log in the patients data	None	1 Minutes	<i>Radiologic technologist</i>
	4.3 Perform X-Ray Procedure.	None	Special Procedure -1Hour 10 minutes for Routine Exam	<i>Radiologic technologist</i>
5. Wait for the completion of processing.	5. Process and interpret result. 5.1 Retrieves/ Encodes Official Results	None	Routine Exam: Within 48 hours (Sunday to Thursday) ; within 72 hours (Friday to Saturday) Special Procedure – 4 days	<i>Radiologist/ Consultant</i>

6. Endorse Official Results	6. Forward the finalized report to the ward.	None	15 minutes	<i>Clerk/ Radiologic Technologist</i>
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CT Scan for Outpatients

This service provides the use of CT- SCAN machine for outpatient department patients. Availability of this service is from MONDAY- FRIDAY 8:00 am to 4:00 pm (special procedures) except holidays and 24/7 for Brain Plain.

Office or Division:		Radiology Department		
Classification:		Complex		
Type of Transaction:		G2C, G2B, G2G		
Who may avail:		ALL		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
5. CT SCAN REQUEST FORM			RESIDENT DOCTOR/ CONSULTANT	
6. CHARGE SLIP			RADIOLOGIC TECHNOLOGIST (RADIOLOGY DEPARTMENT)	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Ct-scan request to the receiving area (Radiology Department)	1. Receive and verify request.	NONE	2 minutes	Radiologic Technologist
	1.1 If patient is qualified for ct scan special procedure (normal creatinine count, no known history of allergy, assess and instruct patient for further preparations and materials needed and schedule patient for the examination.	NONE	Special Procedure - 30 minutes	Radiologic Technologist
	1.2 No needed preparation for Brain Plain.			Radiologic Technologist
	1.3 Issue charge slip.	NONE	Routine Exam - 10 minutes	Cashier Section
	For the paying patient, instruct to pay at the cashier. If availing medical assistance, instruct patient to go to	Please refer to	1 minute	<i>Social Worker</i> Medical Social

	Medical Social Work Services (MSWS) or Malasakit Center.	approved schedule of fees below. NONE	20 minutes	Work Service Office
2. Return to the Ct-scan Unit on the scheduled date. Present the official receipt (for paying patient) or approved charge slip/Documents by MSWS (for non-paying patient) 2.1 Sign consent form before undergoing any special procedure.	2. Verify patient's identity and information. 2.1 Explain the informed consent to the patient. Prepare materials and instruct patient on what to do. 2.2 Conduct procedure. 2.3 Provide schedule for the releasing of result. Get the contact number of patient to inform once the result is ready. 2.4 Finalizing the result for releasing.	NONE NONE NONE NONE	2 minutes Special Procedure - 10 minutes Special Procedure - 30 minutes Routine Exam - 10 mins. 1 minutes	Radiologic Technologist Radiologic Technologist Radiologic Technologist

		NONE	Releasing Schedule for Routine Examination: within 3 days Releasing for Special Procedure: within 4 days	Radiologist/ Csultant
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T-SCAN PRICE LIST

PROCEDURE/ EXAMINATION	PROCEDURE RATE
	MHARS-MC
UPPER /MID /LOWER ABDOMEN PLAIN	4200
UPPER /MID /LOWER ABDOMEN CONTRAST	4,700 + Contrast + Mono Kit
WHOLE ABD. PLAIN	8,200
WHOLE ABD. CONTRAST	8,200 + Contrast + Mono Kit
BRAIN PLAIN	3,000
BRAIN CONTRAST	3,000 + Contrast + Mono Kit
CHEST/ THORACIC PLAIN	4,200
CHEST/ THORACIC CONTRAST	4,200 + Contrast + Mono Kit
EXTREMITY PLAIN	3,700
EXTREMITY WITH 3D RECON	5,200
FACIAL BONE PLAIN	4,700
FACIAL BONE W/ 3D RECON	5,200
FACIAL WITH CONTRAST	5,200 + Contrast + Mono Kit
HIP PLAIN	3,200
LUMBAR-SACRAL PLAIN	6,000
LUMBAR- SACRAL CONTRAST	6,000 + Contrast + Mono Kit
MAXILLA PLAIN	4,700
NASO/OROPHRAYNX/LARYNX PLAIN	3,700
NASOPHARYNX WITH CONTRAST	3,700 + Contrast + Mono Kit
NECK PLAIN	3,700
NECK CONTRAST	3,700 + Contrast + Mono Kit
ORBIT/ OSTEOMEATAL COMPLEX	3,700
ORBIT WITH CONTRAST	3,700 + Contrast + Mono Kit
PARANASAL SINUSES PLAIN	3,700
PARANASAL SINUSES W/ CONTRAST	3,700 + Contrast + Mono Kit
PELVIS PLAIN	3,200
PELVIS CONTRAST	3,200 + Contrast + Mono Kit
PITUITARY GLAND/ SELLA	3,700
RENAL / ADRENAL	3,200
SPINE PLAIN	-
SPINE WITH 3D RECON (PER REGION)	6,000
STONOGRAM	4,700
TEMPORAL OR MASTOID PLAIN	3,700
TEMPORAL OR MASTOID W/ CONTRAST	3,700 + Contrast + Mono Kit
UROGRAPHY	8,200 + Contrast + Mono Kit
CHEST AND UPPER ABD. PLAIN	8,400
CHEST AND UPPER ABD. W/ CONTRAST	8,400 + Contrast + Mono Kit
CHEST AND WHOLE ABD. PLAIN	12,400
CHEST AND WHOLE ABD. W/ CONTRAST	12,400 + Contrast + Mono Kit
NECK AND CHEST PLAIN	7,900
NECK AND CHEST W/CONTRAST	7,900 + Contrast + Mono Kit

NECK AND BRAIN PLAIN	6,700
NECK AND BRAIN W/ CONTRAST	6,700 + Contrast + Mono Kit
NECK, CHEST AND UPPER ABD. PLAIN	12,100
NECK, CHEST AND UPPER ABD. W/ CONTRAST	12,100 + Contrast + Mono Kit
NECK, CHEST AND WHOLE ABD. PLAIN	16,100
NECK, CHEST AND WHOLE ABD. W/ CONTRAST	16,100 + Contrast + Mono Kit

OTHER FEES:	AMOUNT
CT-SCAN FILM/Pc.	200
Contrast (Non-iodinated Contrast Medium 300mg/ml 50ml.)	1560
Contrast (Non-iodinated Contrast Medium 300mg/ml 100ml.)	3360
Mono Kit (Syringe)/Pc.	1000

REMARKS: (MHARS-MC)

1. Price of Abdominal (Whole, Upper, Lower) Scan (Plain/ Contrast) and all other contrast examination/ procedure may vary depending on the Radiologist's order / preference (protocol) of the contrast (dye) to be used (e.g., Iodinated contrast or Barium Sulphate).
2. Contrast (Non-iodinated Contrast Medium)/Dye price, Barium Sulphate and Mono Kit may be subjected to price changes depending on the availability of Supply.