



Republic of the Philippines
Province of Ilocos Norte
CITY OF LAOAG

SANGGUNIANG PANLUNGSOD

EXCERPTS FROM THE MINUTES OF THE 72ND REGULAR SESSION OF THE 12TH SANGGUNIANG PANLUNGSOD OF LAOAG, HELD AT THE SANGGUNIANG PANLUNGSOD SESSION HALL, LAOAG CITY, AT 2:00 IN THE AFTERNOON, ON TUESDAY, 19 DECEMBER 2023.

PRESENT:

1. Hon. Rey Carlos M. Fariñas	City Vice-Mayor/Presiding Officer
2. Hon. James Bryan Q. Alcid	S.P. Member
3. Hon. Handy T. Lao	S.P. Member
4. Hon. Enrico F. Ang	S.P. Member
5. Hon. Jeff Ericson P. Fariñas	S.P. Member
6. Hon. Jaybee G. Baquiran	S.P. Member
7. Hon. Juan Conrado A. Respicio II	S.P. Member
8. Hon. John Michael V. Fariñas	S.P. Member
9. Hon. Jason Bader Ll. Perera	S.P. Member
10. Hon. Roger John C. Fariñas II	S.P. Member
11. Hon. Derick B. Lao	S.P. Member
12. Hon. Sammy M. Aquino	ABC President, Ex-officio
13. Hon. Michael Christophe R. Agustin	SK President, Ex-officio

ABSENT:

None.

CITY ORDINANCE NO. 2023-030 SERIES OF 2023

AN ORDINANCE ENACTING THE HOSPITAL REVENUE CODE OF 2023 OF THE LAOAG CITY GENERAL HOSPITAL

WHEREAS, Section 15, Article II, of the 1987 Constitution states, thus, *“The State shall protect and promote the right to health of the people and instill health consciousness among them”*;

WHEREAS, Section 11, Article XIII, thereof, also states, thus, *“The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers”*;

WHEREAS, Sections 129 and 152 of RA 7160, otherwise known as the Local Government Code of 1991, authorize local government units to create their own sources of revenues to defray the expenses of government operations and to impose and collect such reasonable fees and charges for services rendered;

WHEREAS, the Laoag City General Hospital (LCGH), an Economic Enterprise (EE), as declared by City Ordinance No. 2008-062, Series of 2008, is dependent on its own revenue for its day-to-day operations;

WHEREAS, the existing fees and charges imposed seven (7) years ago under Ordinance No. 2016-057, series of 2016, amending City Ordinance No. 2009-038 or the Hospital Code of 2009 as mandated, are already inadequate to deliver effective hospital services;

WHEREAS, it is imperative to adjust fees and charges to meet the spiraling cost of various hospital services;

NOW, THEREFORE, BE IT ORDAINED, THAT

CHAPTER 1

Section 1. Short Title- This Ordinance shall be known as the “Hospital Revenue Code of 2023 of the Laoag City”.

ARTICLE A. DEFINITION OF TERMS

Section 2. Definitions- When used in this Code

- a) **Charges** – refers to pecuniary liability, as fees against persons, business entities involved in health, provision both in government and in the private sector such as private health care

providers, insurance companies, the PhilHealth Insurance, Inc., Social Security System, GSIS, and the private business entities.

- b) **Fee** – a charge fixed by law ordinance relevant to the use of hospital facilities.
- c) **Health Care Provider** – a business entity that offers health care benefits/insurance to its clients.
- d) **Pay patients** – a category of patients determined and classified by virtue of their capability to pay hospital fees and charges.
- e) **Penalties** – a remuneration imposed for breaking a law, rule, or contract.
- f) **Rental Fee** – a determined amount, charged and exacted from an entity allowed by the Local Government of Laoag City for the use of space, property and other non-hospital facilities located within the premises of the LCGH and are considered as duly accounted revenues of the hospital and its operation.
- g) **Revenue** – includes fees and charges that a state or a political subdivision collects and receives into the treasury for public purposes.
- h) **Services** – the duties, work or functions performed, discharged by hospital employees or officers.
- i) **Service patient/s** - a category of patients determined and classified by virtue of their incapability to pay hospital fees and charges.
- j) **Socialized fees** – structured charges determined and exacted from hospital clients based on the socioeconomic capability of clients to pay.
- k) **Specialist** – a physician who underwent residency training for a particular field of medicine in a DOH accredited training hospital.

CHAPTER 2

Section 3. The City Government of Laoag shall enter into a Memorandum of Agreement with trained medical specialists as visiting consultants of the LCGH and shall only exact their corresponding professional fees to pay clients and shall provide their personal receipts issued at the Billing Section of the hospital.

Section 4. Service patients shall not be subject to any professional fees both by LCGH and visiting medical specialists.

Section 5. Termination of Contract- the City Government of Laoag shall have the power to terminate such if there are contract entered in to between the City Government of Laoag and any visiting medical specialist if there are gross violations of the said contract by the visiting medical specialist.

CHAPTER 3

ARTICLE A. RULE ON HEALTH CARE PROVIDERS

Section 6. HEALTH CARE PROVIDERS- the City Government of Laoag shall enter into a Memorandum of Agreement with various health care providers and health insurance providers as accredited partners in the delivery of health care services to health care providers' clients and for purposes of collecting payment from the health care provider's clients fees and charges from the use of the facilities of LCGH and services. The City Government of Laoag shall have the power to terminate such contract entered in to between the City Government of Laoag and any health care provider and health insurance providers and apply penalties if there are gross violations of the said contract.

CHAPTER 4

Section 7. Imposition of City Hospital Services- The following schedule of fees is hereby imposed for services of facilities rendered by the Laoag City General Hospital:

SCHEDULE OF FEES AND CHARGES

	Rates
7.1 Room and Bed Rates	
MAYOR'S SUITE	6,000.00
SUITE ROOM (Aircon, Ref., TV.)	3,000.00
PRIVATE ROOM (Aircon, Ref., TV.)	2,000.00
PRIVATE ROOM (w/ aircon & TV)	1,500.00
PRIVATE ROOM (aircon only)	1,200.00
PRIVATE ROOM (no amenities/bring your own electric fan at P50.00/day)	1,000.00
SEMI-PRIVATE ROOM (2 patients, aircon only)	1,000.00
Semi-Private Room (Aircon)	1,000.00
ISOLATION ROOM (without aircon)	1,000.00
ISOLATION ROOM (with aircon)	1,200.00



SERVICE WARD		600.00
MICU/PICU/NICU		1,500.00
NURSERY		850.00
USE OF ER MINOR OR		450/use
USE OF OBSERVATION ROOM ER		450/use
DELIVERY ROOM		1,500/use
LABOR ROOM		250/1 st hour, 100/succeeding hour
OPD TREATMENT ROOM		150/use
PACU (Recovery Room)		250/1 st hour, 100/succeeding hour
SPECIALTY CLINICS		6000/month
ADDITIONAL CHARGES- WASTE DISPOSAL		
Ward	New	100.00
Covid Ward	New	150.00

7.2 LABORATORY RATES AND FEES		
		Rates
HEMATOLOGY		
ABO-Rh Typing		150.00
APTT		500.00
Bleeding Time (BT)		100.00
Complete Blood Count (CBC), manual		200.00
CBC, automation	New	280.00
Clotting Time (CT)		100.00
Clot Retraction Time (CRT)	New	100.00
Erythrocyte Sedimentation Rate (ESR)		150.00
Hematocrit - manual		200.00
Hemoglobin - manual		200.00
Hematocrit - automation	New	280.00
Hemoglobin - automation	New	280.00
Malarial Test		200.00
Peripheral Blood Smear (PBS)		200.00
Platelet Count - manual		200.00
Platelet Count - automation	New	280.00
Protine (PT with INR)		550.00
Reticulocyte Count (Manual)		200.00
RBC Indices		250.00
WBC Differential Count		250.00
Blood Smear Staining (per slide)		200.00
Therapeutic Phlebotomy		400.00
Differential Count		185.00
BLOOD BANK		
<i>Gel Typing</i>		
*Complete Cross Matching		800.00
*Direct Coombs Test		650.00
*Indirect Coombs Test		650.00
Cross Matching - Manual		500.00
Antibody Testing		1,000.00
Cryoprecipitate		250.00
Cryosupernate		250.00
Fresh Frozen Plasma		250.00
Packed RBC		250.00
Platelet Concentrate		250.00
Washed RBC		250.00
Whole Blood		250.00

CLINICAL MICROSCOPY			
<i>URINE SPECIMEN</i>			
<i>Inclusive Urine Container</i>			
Pregnancy Test		150.00	
Routine Urinalysis (Adult)		95.00	
Urine Glucose (Adult)		95.00	
Urine Ketone (Adult)		95.00	
Urine Protein (Adult)		95.00	
Urine Micro albumin (Adult) Strip		320.00	
Routine Urinalysis (Pedia)		100.00	
Urine Glucose (Pedia)		100.00	
Urine Ketone (Pedia)		100.00	
Urine Protein (Pedia)		100.00	
Urine Micro albumin (Pedia) Strip		330.00	
Urine RBC Morphology		110.00	
24 Hr. Hcg Titer			
Urine Flow Citometry		350.00	
24 Hr. Urine Protein		250.00	
STOOL SPECIMEN			
<i>Inclusive Stool Container</i>			
Fecal Occult Blood (FOB)		250.00	
Routine Stool Exam		100.00	
Stool Concentration Technique		350.00	
BODY FLUID ANALYSIS:			
Physical Examination		75.00	
Total Cell Count		285.00	
Sugar (Automated)		110.00	
Protein (Automated)		250.00	
LDH		270.00	
Differential Count		140.00	
Glucose		140.00	
BACTERIOLOGY			
Acid Fast Staining		100.00	
Bacterial Heterothropic Plate Count		650.00	
Bacterial Water Analysis		600.00	
Fungal Culture		500.00	
Gram Stain		100.00	
India Ink Preparation		100.00	
KOH Preparation		100.00	
OTHER SPECIMEN			
<i>Inclusive Container or Slide</i>			
Seminal Fluid Analysis		350.00	
Malarial Smear		250.00	
	RC2016-057		RC2016-057
		Rates	Reading Fee
OTHER SPECIMEN			
<i>Inclusive Slide</i>			
ABG		1,350.00	
Acid Fast Bacili (AFB)		120.00	
Gram Stain Test		200.00	
KOH		150.00	
India Ink		115.00	
HISPATHOLOGY			
<i>Per Slide</i>			

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PAP Smear		120.00		150.00
PAP Smear (POPCOM)	New	50.00		50.00
Cytology		120.00		500.00
Fine Needle Biopsy (FNB)		120.00		500.00
Note: P 500 per patient for six (6) slides, in excess of 6 (six) slides will be P100 per slide				
Specimen with Formalin				
Category II - (5 -10 ml Formalin)		150.00		
Category II - (11 -50 ml Formalin)		200.00		
Category III - (51 -100 ml Formalin)		260.00		
Category IV - (101- 250 ml Formalin)	New	400.00		
Category V - (251 & above)	New	500.00		
IMMUNOLOGY AND SEROLOGY				
<i>Rapid Test</i>				
Anti-HBs		450.00		
Anti-HCV		350.00		
Chikungunya IGM		850.00		
Dengue IgG/ IgM		650.00		
Dengue NS1		1,100.00		
Dengue Duo (ns1 w/ IgG/IgM)		1,800.00		
HAV IgG/ IgM		800.00		
HBsAg (Screening)		250.00		
HIV 1/2 (Screening)		400.00		
Leptospira		600.00		
RPR/VDRL		230.00		
Salmonella		600.00		
Serum Pregnancy Test		220.00		
Rheumatoid Panel				
ANA		900.00		
<i>Latex</i>				
ASO (Latex)		320.00		
CRP (Latex)		300.00		
RF (Latex)		300.00		
Widals Test (Latex)		200.00		
Fully Automated (CLIA)				
Thyroid Function Test				
T3		800.00		
T4		700.00		
TSH		700.00		
FT3		700.00		
FT4		700.00		
Tumor Marker				
AFP		875.00		
CEA		875.00		
PSA		875.00		
CA 125		1,450.00		
CA 19-19		1,300.00		
C3		400.00		
C4		450.00		
ACP-Total Prostatic		1,500.00		
Total Beta HCG		1,200.00		
Infectious Disease Markers				
Anti HCV EIA		650.00		
Anti HIV 1/2 EIA		380.00		
Hepatitis Virus Profile		3,600.00		
HBsAG EIA		420.00		
Torch Panel		1,500.00		
Cardiac Marker				
Troponin I (Quantitative)		1,300.00		

HbA1C		2,020.00		
FBS				
OGTT				
	RC2016-057		RC2016-057	
		Rates	Reading Fee	
Kidney Profile		400.00		
Creatinine				
Blood Urea Nitrogen (BUN)				
Lipid Profile		900.00		
Cholesterol - LDL				
Cholesterol - HDL				
Cholesterol -Total				
Triglycerides				
VLDL				
Liver Profile		1,050.00		
Alkaline Phosphatase (ALP)				
SGOT / AST				
SGPT / ALT				
Total Protein Albumin Globulin Ratio (TPG / G Ratio)				
Pancreatic Profile		715.00		
Amylase				
Lipase				
Bone Injury Profile		200.00		
Mi Profile		1,775.00		
GLUCOSE TEST:				
A/G Ratio		380.00		
Acid Base Gas		1,000.00		
ACP Total Prostatic		1,200.00		
CBG/HGT		110.00		
FBS		110.00		
Glycated HGB (Hba1C)		900.00		
OGCT, (With Baseline FBS2x)		372.00		
OGTT (4x)		650.00		
2Hr. Post Prandial Blood Sugar		110.00		
RBS		110.00		
Ionized Calcium		200.00		
HDL/LDL Ratio		230.00		
Creatinine Clearance		300.00		
Electrolytes (Panel NaKcl)		350.00		
LDH		300.00		
Lipase		300.00		
Magnesium		250.00		
Phosphorous		260.00		
Total Protein		180.00		
Triglycerides		230.00		
Blood Urea Nitrogen (BUN)		200.00		
Blood Uric Acid (BUA)		200.00		
Potassium		260.00		
Sodium		260.00		
Total Protein Albumin Globulin Ratio (TPG / G Ratio)		400.00		
Troponin T Qualitative		1,200.00		
Troponin T Quantitative		2,290.00		
All test excluding PPE (face mask, gloves, face shield, isolation gown)				

OTHER LABORATORY FEES			
Applicator Stick		2.00	
Blood Bag (Double Bag)		400.00	
Blood Collecting Tube (Black)		20.00	
Blood Collecting Tube (Blue) 2.5 ml		20.00	
Blood Collecting Tube (Gold)		25.00	
Blood Collecting Tube (Green)		25.00	
Blood Collecting Tube (Violet) Plastic		20.00	
Blood Sampler with Needle		150.00	
Cotton Tipped Applicator (Steriled)		10.00	
Disposable Syringe - 3cc/g23 (Terumo)		15.00	
Disposable Syringe - 5cc/g23 (Terumo)		15.00	
Exam Glove (Non-sterile) - Small		15.00	
Facemasks - Earlobe (3 ply)		10.00	
Frosted Slide		5.00	
Glucose Tolerance Test Beverage		250.00	
Lancet (Plastic)		4.00	
Microtainer Tube (EDTA - Violet Top)		25.00	
Needle - g23 (Terumu)		6.00	
Needle - g25 (Terumu)		6.00	
Pediatric Urine Collector		15.00	
Stool Container		8.00	
Urine Container (Adult)		10.00	
Retrieval / Duplicate Copy (per page)		25.00	
Send-out Fee (per specimen / per patient)		100.00	
Rapid Antigen Test for COVID 19	New	600.00	
Storage Fee	New	100.00	
Gloves, Medical Facemask	New	30.00	
Gloves,KN95 Facemask, Isolation Gown	New	200.00	
Gloves,KN95 Facemask, Hazmat Suit, Boots, Hair Cap	New	550.00	
Adult Urine Container		5.00	
Cotton Pledgets		4.00	
Medic Orange 50 gms		315.00	
Medic Orange 75 gms		325.00	
Medic Orange 100 gms		365.00	
Hispathology Container			
Small Histopath Plastic Container- screw cap		20.00	
Medium Histopath Plastic Container-screw cap		30.00	
Large Histopath Plastic Container- screw cap		45.00	
Extra Large Histopath Plastic Container- screw cap		55.00	
Swab Fee	New	300.00	
Therapeutic Phlebotomy	New	300.00	
*Less 5% to Laboratories with MOA to the Laboratory of Laoag City General Hospital			
*Less 5% to Companies / Groups securing their laboratory examinations at the LCGH			
7.3 EQUIPMENT AND SPECIAL EXAMINATIONS/PROCEDURE			
	Procedure Fee		Reading Fee
12 LEAD EKG	400.00		100.00
STRESS TEST	3,000.00		250.00
HOLTER MONITORING	2,500.00		1,250.00
DEFIBRILLATOR	1,000.00		
NEBULIZER	50/hr		
MAMMOGRAPHY	3,000.00		300.00
C-ARM	Same Rates as Xray		
MOBILE XRAY	Same Rates as Xray		

SPIROMETER	1,500.00		150.00	
ECHOCARDIOGRAPHY	2,000.00		1750.00	
ENDOSCOPY/PROCTOSIGMOIDOSCOPY	2,500.00		500.00	
CAUTTERY MACHINE	800/use			
VENTILATOR	250/hr			
EEG	2,500.00		250.00	
PERIPHERAL ANGIOGRAPHY PROCEDURE	1,850(400)		400.00	
USE OF PHACO MACHINE	1,500.00		250.00	
BIOMETRY	800.00		200.00	
KERATOMETRY	1,500.00		250.00	
OPHTA OR MICROSCOPE	2,000.00		250.00	
INFANT RADIANT WARMER	500/use			
INCUBATOR	1,500/day			
PHOTOTHERAPHY UNIT	500/use			
CPAP	500/day			
INFUSION PUMP	200/day			
SYRINGE PUMP	200/day			
REHABILITATION TRACTION MACHINE	50/use			
PARAFFIN BATH	30/use			

7.4 RADIOLOGY EXAMINATIONS/PROCEDURES

	Rates		Reading Fee	Total Cost
MRI FEES / CHARGES				
Procedure				
<i>NONCONTRAST STUDIES</i>				
Brain	7,500.00		1,500.00	9,000.00
Brain with MRA / MRV	8,500.00		1,700.00	10,200.00
Brain with MRA and MRV	9,500.00		1,900.00	11,400.00
Orbit / Temporal / TMJ /PNS / IAC	7,500.00		1,500.00	9,000.00
Cervical Spine	8,000.00		1,600.00	9,600.00
Thoracic Spine	9,000.00		1,800.00	10,800.00
Lumbar Spine	8,000.00		1,600.00	9,600.00
Joint(Shoulder/Elbow/Wrist/Knee/Ankle)	8,500.00		1,700.00	10,200.00
Extremity	8,500.00		1,700.00	10,200.00
MRCP	9,000.00		1,800.00	10,800.00
Pelvis	7,000.00		1,400.00	8,400.00
Pituitary / Sella	6,500.00		1,400.00	7,900.00
Whole Spine	19,000.00		3,800.00	22,800.00
<i>NONCONTRAST PROCEDURES</i>				
Brain	11,000.00		3,000.00	14,000.00
Orbit / Temporal / TMJ /PNS / IAC	11,000.00		3,000.00	14,000.00
Cervical Spine	12,000.00		3,500.00	15,500.00
Thoracic Spine	14,000.00		3,500.00	17,500.00
Lumbar Spine	12,000.00		3,500.00	15,500.00
Joint(Shoulder/Elbow/Wrist/Knee/Ankle)	13,000.00		3,500.00	16,500.00
Extremity	13,000.00		3,500.00	16,500.00
Brain with MRA & / OR MRV	14,000.00		3,500.00	17,500.00
Pelvis	8,000.00		1,900.00	9,900.00
Pituitary / Sella	7,500.00		2,000.00	9,500.00
Whole Spine	22,000.00		4,500.00	26,500.00

- * Charges are exclusive of cost of contrast materials and other incidental supplies for contrast studies.
- * Additional P500 ON CALL fee for Radiologist Technologist.
- * Additional P1, 000 STAT fees for Radiologist.
- * Additional P1, 000 STAT fees for Pediatric/Internal Med /Anesthesia Specialist if services are warranted.

7.5 MAMMOGRAPHY RATES

Unilateral Mammography	1,100.00		300.00	1,400.00
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Bilateral Mammography	1,100.00	300.00	1,400.00
*Contrast agent and supplies needed for special procedures are not included			

7.6 CT SCAN PROCEDURES AND RATES						
				RATES		
				PROCEDURE FEE	READING FEE	TOTAL
HEAD PLAIN				3,500.00	1,380.00	4,880.00
HEAD + BONE WINDOW				3,500.00	1,650.00	5,150.00
HEAD + CONTRAST				4,500.00	2,530.00	7,030.00
CRANIO-FACIAL				4,600.00	2,300.00	6,900.00
SELLA TURCICA				5,000.00	1,700.00	6,700.00
SELLA TURCICA + CONTRAST				7,500.00	2,500.00	10,000.00
TEMPORAL/MASTOID PLAIN				4,000.00	1,400.00	5,400.00
TEMPORAL/MASTOID + CONTRAST				5,000.00	2,500.00	7,500.00
PNS PLAIN				3,500.00	1,400.00	4,900.00
PNS + CONTRAST				4,500.00	1,950.00	6,450.00
ORBITS PLAIN				4,000.00	1,380.00	5,380.00
ORBITS + CONTRAST				5,000.00	2,645.00	7,645.00
WHOLE ABDOMEN PLAIN				7,500.00	2,875.00	10,375.00
WHOLE ABDOMEN + CONTRAST				10,545.00	4,020.00	14,565.00
UPPER ABDOMEN PLAIN				5,000.00	2,300.00	7,300.00
UPPER ABDOMEN + CONTRAST				8,000.00	3,450.00	11,450.00
LOWER ABDOMEN/PELVIS PLAIN				5,000.00	2,300.00	7,300.00
LOWER ABDOMEN/PELVIS + CONTRAST				7,170.00	3,450.00	10,620.00
CHEST PLAIN				5,500.00	2,300.00	7,800.00
CHEST + CONTRAST				6,500.00	3,450.00	9,950.00
CT SCAN GUIDED LUNG BIOPSY BY RADIOLOGIST				5,500.00	5,000.00 /sampling	
NECK/NASOPHARYNX PLAIN				5,000.00	1,725.00	6,725.00
NECK/NASOPHARYNX + CONTRAST				6,000.00	2,645.00	8,645.00
WHOLE SPINE PLAIN				8,500.00	5,980.00	14,480.00
WHOLE SPINE + CONTRAST				10,000.00	7,500.00	17,500.00
CERVICAL SPINE PLAIN				5,000.00	1,380.00	6,380.00
CERVICAL SPINE + CONTRAST				6,000.00	2,530.00	8,530.00
THORACIC SPINE PLAIN				5,500.00	2,300.00	7,800.00
THORACIC SPINE + CONTRAST				6,500.00	2,645.00	9,145.00
LUMBO SACRAL SPINE PLAIN				5,500.00	2,300.00	7,800.00

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LUMBO SACRAL SPINE + CONTRAST				6,500.00	3,450.00	9,950.00
EXTREMITIES PLAIN				5,500.00	2,300.00	7,800.00
EXTREMITIES + CONTRAST ENHANCED				6,500.00	3,450.00	9,950.00
CT SCAN SPECIAL PROCEDURES						
STONOGRAM PLAIN				5,000.00	2,000.00	7,000.00
UROGRAM				8,500.00	4,000.00	12,500.00
CRANIAL ANGIOGRAM				7,000.00	5,750.00	12,750.00
PERIPHERAL VASCULAR ANGIOGRAM				10,000.00	5,750.00	15,750.00
DYNAMIC LIVER (TRIPHASE)				10,000.00	4,025.00	14,025.00
DYNAMIC ABDOMEN (TRIPHASE)				10,000.00	4,600.00	14,600.00
CTA PULMONARY ARTERIES				8,000.00	4,025.00	12,025.00
CTA THORACIC AORTA				8,000.00	5,750.00	13,750.00
CTA ABDOMINAL AORTA				8,000.00	5,750.00	13,750.00
CTA KIDNEYS				8,000.00	5,750.00	13,750.00
CTA THORACO-ABDOMINAL AORTA				12,000.00	5,750.00	17,750.00
ADDITIONAL FILM				300.00		
					Reading fee based on whole package	
* For STAT cases: 5PM onwards to 8AM the following day (given that CT scan unit is ONLY operational for 8hrs a day) additional 1000 for the Radiologist STAT fee and 500 for Rad Tech on-call fee.						
**For follow up contrast enhanced studies for CVA (Neuro cases) procedure will be charged as a totally separate or new study if interval of more than 24hrs.						
*** Price Inclusion is only for the use of equipment and reading fee. Separate charges for films, contrast reagent, injector syringe and others will be charge.						

XRAY PROCEDURES					
			Rates		Reading Fee
CHEST (13 YEARS OLD AND ABOVE)					
PA/AP			250.00		60.00
APL			500.00		60.00
LATERAL			250.00		60.00
APICOLORDOTIC VIEW			250.00		60.00
LATERAL DECUBITUS (R/L)			250.00		60.00
CHEST (0-12 YEARS OLD)					
PA/AP			250.00		60.00
APL			500.00		60.00
LATERAL			250.00		60.00
BABYGRAM			250.00		60.00
LATERAL DECUBITUS (R/L)			250.00		60.00
ABDOMEN					
UPRIGHT			250.00		60.00
SUPINE			250.00		60.00
UPRIGHT & SUPINE			500.00		60.00

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LATERAL DECUBITUS (R/L)		250.00	60.00
KUB		250.00	60.00
THORACIC CAGE			
AP		250.00	60.00
OBLIQUE		250.00	60.00
SHOULDER			
AP BILATERAL		500.00	60.00
AP UNILATERAL		300.00	60.00
INTERNAL ROTATION UNILATERAL		250.00	60.00
EXTERNAL ROTATION UNILATERAL		250.00	60.00
AXILLARY VIEW UNILATERAL		250.00	60.00
CLAVICLE AP BILATERAL		500.00	60.00
CLAVICLE AP UNILATERAL		250.00	60.00
SCAPULA			
AP UNILATERAL		300.00	60.00
LATERAL UNILATERAL		300.00	60.00
"Y" VIEW UNILATERAL		300.00	60.00
STERNUM LATERAL		300.00	60.00
STERNUM OBLIQUE		300.00	60.00
PELVIS			
AP		250.00	60.00
FROGLEG		250.00	60.00
OBLIQUE		250.00	60.00
HIP BILATERAL		250.00	60.00
HIP (JOINT) UNILATERAL		250.00	60.00
LATERAL		250.00	60.00
UPPER EXTREMITIES			
ARM AP/L UNILATERAL		300.00	60.00
ELBOW AP/L UNILATERAL		300.00	60.00
FOREARM AP/L UNILATERAL		300.00	60.00
WRIST AP/L UNILATERAL		300.00	60.00
HAND AP/L UNILATERAL		300.00	60.00
FINGERS AP/L		300.00	60.00
HEAD			
SKULL AP/L		400.00	60.00
SMV		500.00	60.00
LATERAL		250.00	60.00
TOWNE'S		250.00	60.00
WATER'S		250.00	60.00
FACIAL BONE		500.00	60.00
PNS		500.00	60.00
ORBITS		500.00	60.00
ORBITAL CANAL		500.00	60.00
NASAL BONE		400.00	60.00
INTERNAL AUDITORY CANAL		600.00	60.00
TMJ		650.00	60.00
MANDIBLE		650.00	60.00
MASTOID		650.00	60.00
ZYGOMATIC BONE		650.00	60.00
SPINE			
CERVICAL AP/L		500.00	60.00
CERVICAL OBLIQUES		500.00	60.00
CERVICAL AP (OPEN MOUTH)		250.00	60.00
CERVICO-THORACIC AP/L		1,000.00	60.00
THORACIC SPINE AP/L		500.00	60.00

THORACO-LUMBAR AP/L		1,000.00		60.00
THORACO-LUMBO-SACRAL AP/L		1,000.00		60.00
LUMBAR AP/L		500.00		60.00
LUMBAR OBLQUES		500.00		60.00
LUMBOSACRAL AP/L		500.00		60.00
LUMBOSACRAL OBLIQUES		500.00		60.00
SACRUM AP/L		500.00		60.00
COCCYX AP/L		500.00		60.00
SCOLIOSIS SERIES		1,000.00		60.00
SCOLIOSIS AP		250.00		60.00
LOWER EXTREMITIES				
THIGH/FEMUR AP/L UNILATERAL		300.00		60.00
KNEE AP/L UNILATERAL		300.00		60.00
LEG AP/L UNILATERAL		300.00		60.00
ANKLE AP/L UNILATERAL		300.00		60.00
MORTISE VIEW UNILATERAL		300.00		60.00
FOOT AP/O UNILATERAL		300.00		60.00
CALCANEUS UNILATERAL		300.00		60.00
PATELLA AP/L UNILATERAL		300.00		60.00
PATELLA TANGETIAL		300.00		60.00
SKELETAL SURVEY		250/view		360.00
SPECIAL PROCEDURES				
IVP		1,500.00		300.00
BARIUM ENEMA		2,000.00		300.00
BARIUM SWALLOW / ESOPHAGOGRAM		1,200.00		300.00
UGIS		2,000.00		300.00
SIS		2,000.00		300.00
HYSTEROGRAM		1,000.00		300.00
URETHROGRAM		1,000.00		300.00
T-TUBE CHOLANGIOGRAM		800.00		300.00
OPERATIVE CHOLANGIOGRAM		800.00		300.00
CYSTOGRAM		800.00		300.00
ERCP		3,000.00		300.00
PORTABLE FEE		120.00		
ADDITONAL EXPOSURE		180.00		
C-ARM		3,000.00		
7.7 ULTRASONOGRAPHY RATES				
		Rates		Reading Fee
Abdomino-Pelvic (Whole Abdomen)		840.00		340.00
BPS		600.00		340.00
Breast (Bilateral)		600.00		340.00
Chest (Hemithorax)		500.00		340.00
Cranial		600.00		340.00
HBT/LGBPS		500.00		340.00
Inguinal		600.00		340.00
Kidneys		500.00		340.00
Kub		600.00		340.00
KUB +Prostate		600.00		340.00
Pelvic(Fetal Biometry)		500.00		340.00
Prostate		500.00		340.00
Scrotal		600.00		340.00
Thyroid		600.00		340.00
Transvaginal/Transrectal		600.00		340.00

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Ultrasound Guided Biopsy Machine Use		1,000.00		500.00
Ultrasound with Markings		500.00		2,000.00
**Contrast agent and supplies needed for special procedures are NOT INCLUDED. Portable fee additional PHP 100.00				
7.8 DENTAL SERVICES				
Extraction		300.00		
Oral Prophylaxis Filling		350.00		
Composite		400.00		
Amalgam		300.00		
Periapical X-Ray		200.00		
Bleaching (per arch)		4,500.00		
Lite Cure Composite		350.00		
7.9 ANESTHESIA MACHINES				
Anesthesia Machine without Ventilator		2,500/use		
Anesthesia Machine with Ventilator		3,000/use		
Use of Cardiac/Patient Monitor		300/1 st hr., 200/succ.hr		
Use of Pulse Oxymeter		200/1 st hr., 100/succ.hr		
Oxygen Concentrator		30.00/hr		
Use of oxygen and other gases	Fee for the use of oxygen and other gases shall be computed on the basis of volume actually used multiplied by the acquisition cost plus 10% mark up, but not less than P0.45/lb.			
7.10 DIALYSIS RATE/NEPHROLOGIST'S FEE				
	Rate in Php		Nephrologist's Fee	
Hemodialysis	4,000.00		400.00	
New Dialyzer				
Temporary Access	NEW	5,000.00		
Permanent Access	NEW	4,500.00		
Reuse Dialyzer	NEW	2,800.00		
Peritoneal	2,500.00	N/A	400.00	
Emergency dialysis	1,000.00	N/A		

7.11 SOFT GOODS/OTHER CHARGES				
			Rate in Php	
Regular Gauze Pack	10pcs/pack		150.00	
Cotton Ball Pack	10cb/pack		100.00	
OR Gauze Pack	10pcs/bundle		200.00	
Lap Pad/Piece			150.00	
Dressing Fee excluding Gauze/Cotton Balls			100.00	
Use of Appliances (regardless of number of appliance)			50.00	75.00
Electric Pot, Electric Fan, Cellphone Charging, Radio Cassette, Television, CD/DVD Player, Computer, etc.				

7.12 HOSPITAL CHARGES FOR USE OF MEDICAL EQUIPMENT OWNED BY ATTENDING PHYSICIANS

- I. A Memorandum of Agreement shall cover the authority of attending physicians using his/her medical equipment in the event that the required machine/equipment is not readily available at the hospital.
- II. Prescribed rate is 15% of the corresponding fee for each use shall be retained by the hospital as its share to cover use of electricity and other costs, to be further defined in the MOA.
- III. Payment thereof shall be made at the Billing Section where a Personal Official Receipt of the Attending Physician shall be issued.

7.13 AMBULANCE RATE		
The following rates only include gas and oil. Ambulances are accorded free of toll fees. Other miscellaneous fees such as use of medical equipment shall be billed separately based on prescribed rates. Professional fees of accompanying physician and nurse are negotiated.		
		Rates
AMBULANCE FEE		
Within Laoag City		500.00
Outside Laoag City - within Ilocos Norte (from Batac to Pasuquin, from Laoag- Marcos)		1,500.00
Outside Laoag City - within Ilocos Norte (beyond Burgos to Centro Pagudpud)		2,000.00
Outside Laoag City - within Ilocos Norte (beyond Marcos and Batac)		2,000.00
Laoag City to Vigan City		3,500.00
Laoag City to San Fernando, La Union		7,500.00
Laoag City to Baguio City		8,500.00
Laoag City to Manila		15,000.00
Laoag City to beyond Centro Pagudpud until Claveria, Cagayan		4,000.00
Laoag City to Tuguegarao City		13,000
Other Areas		40.00/km

7.14 OPERATING ROOM AND DELIVERY ROOM FEE

Major OR Procedures 10,000 for the first hour + 500.00/hr for the succeeding hours

Minor OR Procedures 5,000 for the first hour + 500.00/hr for the succeeding hours

Less 1,500.00 from charge if NO OR packs available.

7.15 ANESTHESIOLOGIST'S FEE

50% of Surgeon's Fee, however may vary depending on the difficulty of case.

7.16 SURGEON'S FEE

I. The peso equivalent per relative value unit (RVU) of the surgical procedures shall be based on the Phil Health Rate.

II. Two or more surgical procedures done in one sitting or through a single incision performed by one or more physicians shall be compensated on the procedure of the highest value unit.

III. Surgeries performed on different dates shall be charged with their respective value units.

IV. Surgeon's fee varies depending on the difficulty of the case.

7.17 PHYSICIAN'S PROFESSIONAL FEE

Physician's Professional Fee will be based on Difficulty of the case

7.18 MISCELLANEOUS FEE/RENTALS

The hospital shall provide amenities for accompanying relatives of service patients that include bathroom/toilet facilities. The use of these facilities shall be charged fees upon use by clients but not included in the hospital bill of patients.

7.19 OUT PATIENT/ER REGISTRATION FEE

A registration fee for OPD/ER Patients shall be exacted the following amount:

Old Patient	50.00
New Patient	100.00
ER REGISTRATION FEE	250.00

7.20 OUTPATIENT RATES/ER FEES

Bone Marrow Puncture	800.00
Circumcision	955.00
CVP Line Insertion	1,190.00
Debridement, Infected wound	880.00
Endotracheal Intubation	550.00
Minor Excision Cyst/Tumour	1,520.00
Gastric Lavage	415.00
Heplock Insertion	50.00
I.E.	75.00
IM Injection	50.00
I&D Major	500.00
I&D Minor	200.00
IFC Insertion	150.00
IV Push	50.00
Nebulization	50/use
NGT insertion	200.00
Pterygiun Excision	750.00
Rectal Examination	200.00
Removal of Sutures	100.00
Suctioning	100.00
Suturing of Lacerated Wound	900.00
Suturing of Wound	350.00
Tenorrhaphy	900.00
Thoracentesis	600.00
Tracheostomy (T tube)	1,500.00
Wound Dressing	150.00

7.21 REHABILITATION AND PHYSICAL

Present SERVICE Fees:

REHABILITATION PROGRAM DETAILS	Rates
OUTPATIENT:	
NEURO Cases/Children (neuro case)	400.00
Plain Therapeutic Exercises (ROME, Strengthening, Stretching)	
If with PT modalities/apparatus:	
UVR	+100/area
Traction (cervical/lumbar)	+60/area
Paraffin Bath	+30/area
Intermittent Compression Unit	+50/area
CPM (UE/LE)	+50/extremity
PJM	+50/joint
US	+50/area
Treadmill	+50/use
Reclining Bike	+50/use
IRR	+50/area
Standing Balance-Tolerance exercises	50/session
Gradual High Back Rest	30/session
Special Exercises	30/session
FUP	+20/area
Oropharyngeal Exercises	+15/area
HMP	+10/area
ES	+10/pair of electrodes
TENS	+10/pair of electrodes
FES	+10/pair of electrodes
Finger Ladder	+10/session
SW	+10/session
OHP	+10/session
Wrist Exerciser	+10/session
Forearm Exerciser	+10/session

Step -up exerciser	+10/session
Wobble Board	+10/session
NK table	+10/session
Chest PT	+10/session
Orthopedic cases / Medical cases / Surgical cases /Children (non neuro cases)	
Plain therapeutic Exercises	400.00
If with PT modalities/apparatus:	
IN-PATIENT:	
Service Ward (ROMEs, Strengthening, Stretching, ES, TENS, Chest PT, Oropharyngeal Exercises)	400.00
Semi-Private (ROMEs, Strengthening, Stretching)	500.00
Private (ROMEs, Strengthening, Stretching)	600.00
Suite Room (ROMEs, Strengthening, Stretching)	800.00
Isolation (ROMEs, Strengthening, Stretching)	500.00
MICU / NICU / PICU (ROMEs, Strengthening, Stretching)	600.00
If with PT modalities/apparatus:	Same as OPD charging
Patients covered by any Insurance (Out-patient or In-patient)	Same as OPD charging +150

REHABILITATION PROGRAM DETAILS	Service Charge (Php)
OUTPATIENT:	
BASIC for any case	
Plain Therapeutic Exercises (ROMEs, Strengthening, Stretching)	400.00
NEURO Cases/Children (neuro case)	
If with PT modalities/apparatus:	100.00
Tilt Table	+50/area
LASER	+50/area
COMBO US + TENS	+100/area
UVR	+100/area
Traction (cervical/lumbar)	+50/area
Paraffin Bath (UE)	+75/area
Paraffin Bath (LE)	+60/area
Intermittent Compression Unit	+60/extremity
CPM (UE/LE)	+50/area
US	+60/use
Treadmill	+60/use
Reclining Bike	+60/area
IRR	+50/session
Standing Balance-Tolerance exercises	+50/session
Gradual High Back Rest	+50/session
Special Exercises	+20/area
FUP	+15/area
Oropharyngeal Exercises	+15/area
HMP	+15/area
ES/TENS/FES	+15/pairs of electrode
Finger Ladder	+10/session
SW	+10/session
OHP	+10/session
Wrist Exerciser	+10/session
Forearm Exerciser	+10/session
Step -up exerciser	+10/session

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Wobble Board		+10/session
NK table		+10/session
Chest PT		+10/session
Orthopedic cases / Medical cases /Surgical cases		
Plain therapeutic Exercises		300.00
If with PT modalities/apparatus:		
IN-PATIENT:		
Service Ward (ROMEs, Strengthening, Stretching, ES, TENS, Chest PT, Oropharyngeal Exercises)		300.00
Semi-Private (ROMEs, Strengthening, Stretching)		500.00
Private (ROMEs, Strengthening, Stretching)		600.00
Suite Room (ROMEs, Strengthening, Stretching)		800.00
Isolation (ROMEs, Strengthening, Stretching)		500.00
MICU/NICU/PICU (ROMEs, Strengthening, Stretching)		600.00
If with PT modalities/apparatus:	Same as OPD charging	
Patients covered by any Insurance (Out-patient or In-patient)	Same as OPD charging +150	

7.26 MEDICAL CERTIFICATE/CERTIFICATION FEE/RE-ISSUANCE OF BILLING STATEMENT

Clinical Abstract		300.00
Medical Certificate		200.00
Medico Legal Certificate		200.00
Certificate of Live Birth		200.00
Certificate of Death		200.00
Certificate of Fetal Death		200.00
Certified True Copy(Medical Records)		100.00
Affidavit to Use the Surname of the Father	New	100.00

CHAPTER 5

GUIDELINES FOR PHILHEALTH SHARING

BASED ON ADMINISTRATIVE ORDER No. 42 series 2001 regarding "Guidelines for Sourcing, Pooling and Distribution of Medicare "Common Fund in Department of Health (DOH) Hospitals which states the following:

- A. Phil health professional fee from service patients**
 - Professional fees from service patient will be termed PHIC POOL
 - All hospital workers whether Medical (Doctor) or Non-medical (Non-Doctor) are entitled to share from the PHIC Pool with 50%-50% equal sharing.
- B. Phil health professional fee from full private patients**
 - Professional fees from full private patient will be given 100% to the attending physician.
- C. Professional fee from Walk-In Private Patients**
 - Professional fees from walk-in private patients will be divided as follows:
 - Walk-in patient attended by in house full time physician
 - 50% share for the attending physician and 50% to the LCGH Professional Fund
 - Walk-in patient attended by in house part time physician
 - 75% share for the attending physician and 25% share to the LCGH Professional Fund
- D. Professional Fee of Visiting Consultants**
 - Private Patient : 100% to the attending visiting consultant
 - Service Patient : 60% to the attending visiting consultant 40% to the PHIC Pool
- E. Created Funds from the Sharing**

PHIC PROFESSIONAL FUND - fund created from the professional fee of walk in private patient. A general guideline for the use of the fund is for personnel professional growth and development.

Section 8. Patients who are certified by the concerned DSWD as indigent shall be exempted from payment in part or all fees in this schedule.

Section 9. Damage to Hospital Property Facilities/Equipments and Vandalism.
Patients/clients and/or their relatives and guests who cause damage to hospital property/facilities shall pay corresponding cost of restoration/repair and/or cost of replacement.

Section 11. SPECIAL DISCOUNTS

Section 11.1 Laoag City Government Officials and employees, their spouses and children under 21 years old shall be given fifteen percent (15%) discount after Phil Health deductions from the total hospital bills except Pharmacy items and medical supplies.

Section 11.2 Barangay Officials and Tanods, Barangay Day Care Workers, BHW, BNS, BSPO, Barangay Lupon, SK Officials of Laoag City shall be given fifteen percent (15%) discount after Phil Health deductions from the total hospital bill except Pharmacy items and medical supplies.

Section 11.3 A twenty percent (20%) discount and E-Vat exemptions for **Senior Citizens and War Veterans** shall be accorded to them pursuant to the provisions of the **Expanded Senior Citizen's Act of 2010**. The DSWD shall determine further indigent Senior Citizens for full discount of all hospital bills.

Section 11.4 Persons with Disabilities (PWD's) shall be given twenty percent (20%) discount after PhilHealth deductions from the total hospital bill pursuant to the provisions of the RA 10754.

Section 11.5 All bona fide residents of Laoag City who are not eligible recipients prior discounts covering Sections 11.1 to 11.4 shall enjoy a five percent (5%) discount after PhilHealth deductions from the total hospital bill except Pharmacy items and medical supplies.

Section 12. This ordinance partakes the nature of a tax measure and shall subject to the mandated requirements of posting, public hearing and after approval, publication in local newspapers.

Section 13. All Ordinances, Resolutions, motions or parts thereof not consistent herewith are hereby repealed, amended or superseded accordingly.

Section 14. This Ordinance shall take effect immediately upon approval.

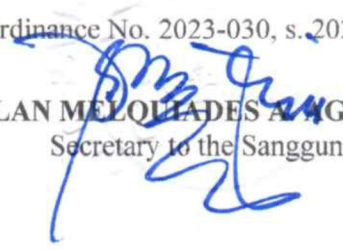
Approved.

Voting in Favor: J. B. Q. Alcid, H. T. Lao, E. F. Ang, J. E. P. Fariñas, J. G. Baquiran, J. C. A. Respicio II, J. M. V. Fariñas, J. B. Ll. Perera, R. J. C. Fariñas II, D. B. Lao, S. M. Aquino, M. C. R. Agustin;

Voting Against: None;

Abstention/s: None.

I HEREBY CERTIFY to the correctness of the above-quoted City Ordinance No. 2023-030, s. 2023.


ALAN MELOLADES A. AGUSTIN
Secretary to the Sanggunian

Attested:


REY CARLOS M. FARIÑAS
City Vice-Mayor/Presiding Officer

