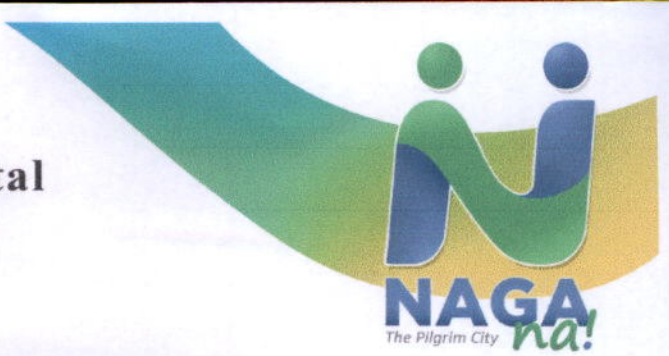




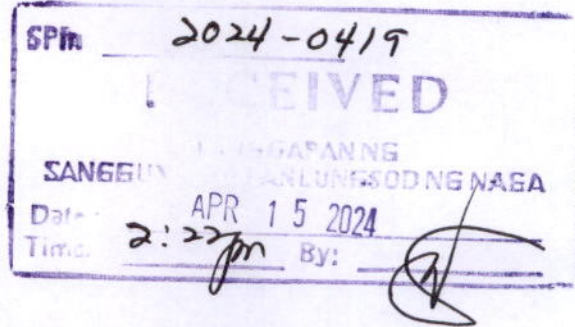
Republic of the Philippines  
**Naga City General Hospital**  
 City of Naga, 4400



April 15, 2024

**HONORABLE MEMBERS**  
 14<sup>th</sup> Sangguniang Panlungsod  
 City Government of Naga

Thru:  
**THE SP SECRETARIAT**



Dear Esteemed Council Members:

I hope this letter finds you well. I am writing to request the inclusion of an urgent matter in the agenda of the upcoming Sangguniang Panlungsod Session.

Naga City General Hospital has been diligently serving our community, providing essential healthcare services to our constituents; and the costs associated with maintaining and improving these services have increased significantly, driven by various factors including rising operational expenses, technological advancements, and the need for enhanced patient care. In light of this, we have proposed adjustments to the prices of certain services offered by the hospital.

These proposed changes are essential to ensure the continued provision of high-quality healthcare services to our community and to support the hospital's ongoing efforts to modernize its facilities and enhance patient care standards.

Therefore, we respectfully request that the approval of the new prices of services for Naga City General Hospital be included in the immediate next order of business during your session. Attached herewith is a copy of the proposed price list. Your prompt attention to this matter is highly appreciated.

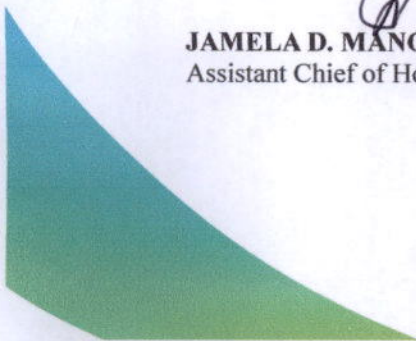
Thank you.

Respectfully,

**JOSEPH S. SANCHEZ, MD, MHSA, FPCHA, FPSMSG**  
 Chief of Hospital II

By Authority of the Chief of Hospital:

**JAMELA D. MANGENTE, MD, CFP, FPSMSG**  
 Assistant Chief of Hospital/Officer-in-Charge



**NAGA CITY GENERAL HOSPITAL PROPOSED PRICE 2024**

LIST OF SERVICES	Existing Price	Other Gov't Hospital	Existing Price	PROPOSED PRICE
	NCH	BMC	NICC	
<b>MEDICAL-ANCILLARY DIVISION</b>				
<b>Medical Records</b>				
Authentication Fee	100.00	50.00	100.00	<b>100.00</b>
Birth Certificate	50.00	100.00	150.00	<b>100.00</b>
Certificate of Confinement	50.00	100.00	150.00	<b>100.00</b>
Death Certificate	50.00	100.00	150.00	<b>100.00</b>
Medical Abstract	50.00	100.00	150.00	<b>100.00</b>
Medical Certificate	50.00	100.00	150.00	<b>100.00</b>
Medical Certificate for Employment Gov't (CSC Form 211)	150.00	150.00	150.00	<b>150.00</b>
Medico Legal Certificate	100.00	100.00	150.00	<b>100.00</b>
ID Card (PVC Material with QR Code)	20.00	50.00	150.00	<b>100.00</b>
<b>OPERATING ROOM FEES</b>				
Major Operation	3,500.00	8,000.00	12,000.00	<b>5,500.00</b>
Minor Operation	1,000.00	5,000.00	10,000.00	<b>3,500.00</b>
Delivery Room (DR) Fee	3,500.00	8,000.00	12,000.00	<b>5,500.00</b>
OPD and ER OR Fee		1,000.00	1,000.00	<b>1,000.00</b>
<b>PROCEDURES FEE</b>				
Debridement Procedure Fee		1,000.00	2,250.00	<b>1,000.00</b>
Excision Procedure Fee		1,500.00	2,250.00	<b>1,500.00</b>
Incision and Drainage Procedure Fee		1,500.00	2,250.00	<b>1,500.00</b>
Nail extraction Procedure Fee		1,500.00	2,250.00	<b>1,500.00</b>
Cauterization Procedure Fee		1,500.00	2,250.00	<b>1,500.00</b>
Circumcision Procedure Fee		1,500.00	2,250.00	<b>1,500.00</b>
Suturing Procedure Fee (wound repair)		1,500.00	2,750.00	<b>1,500.00</b>
<b>ORTHOPEDIC PROCEDURE FEE</b>				
Casting Procedure Fee			500.00	<b>500.00</b>
Removal of Cast Procedure Fee			2,250.00	<b>1,500.00</b>
<b>MISCELLANEOUS FEES</b>				
Oxygen Use (per PSI used)	50/hr			<b>10.00</b>
Ambulance Fee (Non-emergency w/in Naga City)	500.00		500.00	<b>1,000.00</b>
Ambulance fee (To Metro Manila and vice-versa)	10,000.00		18,780.00	<b>15,000.00</b>
*Transport Personnel on TO				
<b>SPECIAL SERVICES</b>				
Tracheostomy				<b>2,000.00</b>
Removal of Foreign Body (OPD/ER)				<b>1,000.00</b>
Tracheostomy				<b>2,250.00</b>
NGT Insertion				<b>1,500.00</b>
Catheter			2,250.00	<b>1,500.00</b>
Dressing (minor wounds)			2,250.00	<b>1,500.00</b>
Nebulization			60.00	<b>50.00</b>

<b>RADIOLOGY PRICE INDEX</b>				
<b>UTZ PROCEDURES</b>				
HBT (Liver, Gallbladder)	700.00		1,000.00	1,000.00
HBT + Pancreas	1,000.00		1,600.00	1,500.00
HBT + Pancreas + Spleen (Upper Abdomen)	1,200.00		2,100.00	2,000.00
Hemithorax (lungs) no mapping (half of the lungs)	1,000.00		1,000.00	1,800.00
Hemithorax (lungs) w/ mapping	2,700.00		2,700.00	2,500.00
KUB	1,600.00		1,600.00	1,500.00
KUB/Prostate	2,600.00		2,600.00	2,500.00
Pelvis (non-OB)	1,000.00		1,800.00	1,300.00
Spleen	1,000.00		1,000.00	1,000.00
Whole abdomen	2,000.00		3,200.00	3,000.00
Whole Abdomen /Prostate	4,200.00		4,200.00	4,000.00
<b>UTZ PROCEDURES FOR OB-GYNE</b>				
1 <sup>st</sup> trimester			-	1,500.00
2 <sup>nd</sup> and 3 <sup>rd</sup> trimester			-	1,500.00
BPS/Fetal Biometry			2,000.00	1,000.00
NST			-	300.00
Pelvic	700.00		2,800.00	1,000.00
Transvaginal/transrectal			1,800.00	1,000.00
<b>2D ECHO PROCEDURE</b>				
2D Echo			4,700.00	
<b>X-RAY PROCEDURES</b>				
Abdomen AP/L	700.00		700.00	700.00
Abdomen AP/L (Pedia)	700.00		700.00	700.00
Abdomen Lateral Decubitus	350.00		350.00	350.00
Abdomen Lateral View	350.00		350.00	350.00
Abdominal (Upright/Supine)	700.00		700.00	700.00
Ankle AP/L	600.00		600.00	600.00
Apicolordotic	300.00		300.00	300.00
Arm AP/L	600.00		600.00	600.00
Baby Gram	300.00		300.00	300.00
Calcaneus Axial	300.00		300.00	300.00
Calcaneus lateral	300.00		300.00	300.00
Cervical Spine AP/L	600.00		600.00	600.00
Cervical Vertebral (4 views)	1,200.00		1,200.00	1,200.00
Cervico - Thoracic AP/L	600.00		600.00	600.00
Chest 1 View (Adult)	300.00		300.00	300.00
Chest 2 Views (Adult)	600.00		600.00	600.00
Chest 2 Views (Pedia)	600.00		600.00	600.00
Chest PA	300.00		300.00	300.00
Chest Pedia AP/L	600.00		600.00	600.00
Clavicle	300.00		300.00	300.00
Coccyx 2 Views	600.00		600.00	600.00
Elbow AP/L	600.00		600.00	600.00
Extremities (AP/ L)	600.00		600.00	600.00
Femur AP/L	600.00		600.00	600.00
Foot AP/L	600.00		600.00	600.00
Foot AP/Oblique	600.00		600.00	600.00
Forearm AP/L	600.00		600.00	600.00

Foreign Body (2 views)	600.00		600.00	600.00
Hand AP/L	600.00		600.00	600.00
Hand AP/L	600.00		600.00	600.00
Hand AP/L/O	900.00		900.00	900.00
Hip AP/L (Frogleg)	700.00		700.00	700.00
Hip Joint, One side (2 view)	700.00		700.00	700.00
Humerus AP/L	600.00		600.00	600.00
Knee AP/L	600.00		600.00	600.00
Knee Joints Bilateral	1,200.00		1,200.00	1,200.00
KUB X-Ray	350.00		350.00	350.00
Lateral Decubitus	300.00		300.00	300.00
Leg AP/L	600.00		600.00	600.00
Lumbar Spine AP/L	1,200.00		1,200.00	1,200.00
Lumbo-Sacral Spine AP/L	1,200.00		1,200.00	1,200.00
Mandible (2 views)	600.00		600.00	600.00
Nasal (Both L)	300.00		300.00	300.00
Nasal Bone Bilateral	600.00		600.00	600.00
Nasal Bone S.T.L.	600.00		600.00	600.00
Neck (2 views)	600.00		600.00	600.00
Paranasal Sinuses (2 views)	600.00		600.00	600.00
Pelvic (AP/L)	700.00		700.00	700.00
Pelvis AP	350.00		350.00	350.00
Plain abdomen	350.00		350.00	350.00
Ribs (2 views)	700.00		700.00	700.00
Sacrum (2 views)	600.00		600.00	600.00
Shoulder / Clavicle AP	300.00		300.00	300.00
Skull AP/L (2 views)	600.00		600.00	600.00
Skull Town's View (one view)	300.00		300.00	300.00
T-Cage / Ribs (AP)	350.00		350.00	350.00
Thigh AP/L	600.00		600.00	600.00
Thoracic Lumbar Sacral	1,900.00		1,900.00	1,900.00
Thoracic Spine AP/L	1,400.00		1,400.00	1,400.00
TMJ (Temporomandibular Joint-one view)	300.00		300.00	300.00
Whole Spine (APL)	1,900.00		1,900.00	1,900.00
Wrist AP/L	600.00		600.00	600.00

### CLINICAL LABORATORY PRICE INDEX

#### LABORATORY TEST

##### Blood Chemistry

ALT/SGPT	200.00		400.00	250.00
AST/SGOT	200.00		400.00	250.00
Blood Urea Nitrogen (BUN)	140.00		300.00	200.00
Blood Uric Acid (BUA)	120.00		300.00	200.00
Chloride (Cl)	200.00		500.00	250.00
Cholesterol	120.00		300.00	175.00
Creatinine	120.00		300.00	250.00
FBS/RBS	120.00		300.00	130.00
HBA1C	800.00		1,200.00	1,000.00
HDL and LDL	120.00		700.00	200.00
Ionized Calcium (Ica+)	200.00		1,200.00	300.00
Lipid Profile( Chol, Tri, HDL/LDL)	480.00		1,800.00	600.00
Magnesium (Mg)	250.00		500.00	300.00
OGTT	600.00		700.00	800.00

Potassium (K)	200.00		500.00	250.00
Sodium (Na)	200.00		500.00	250.00
Triglycerides	120.00		400.00	200.00

### Hematology

Blood Typing	100.00		400.00	150.00
Clotting Time/Bleeding Time	100.00		300.00	150.00
Complete Blood Count (CBC) with Platelet Count (5 PARTS)	200.00		CBC - 500 Platelet - 400	300.00
Hemoglobin/Hematocrit	100.00		400.00	200.00
Partial Thromboplastin Time (PTT) / Activated Partial Thromboplastin Time (APTT)			PTT-1,000.00 APTT-1,000.00	600.00
Peripheral Blood Smear (PBS)			1,200.00	600.00
WBC Count, Differential Count (other body fluids)	100.00		290.00	300.00
Platelet Count (manual)	200.00		400.00	250.00
Platelet Count (auto)	200.00		600.00	300.00

### Immunology/Serology

Dengue DUO	600.00		1,200.00	650.00
Dengue Test (NS1, IgG, IgM)	800.00		1,610.00	650.00
HBSAg Screening Test	200.00		345.00	250.00
Rapid Plasma Reagin (RPR)	150.00		700.00	250.00
SARS CoV-2 RT-PCR				2,800.00
SARS- CoV2 Ag (RAT)				660.00
FT3			945.00	600.00
FT4			945.00	600.00
Thyroid Stimulating Hormone (TSH)	500.00		945.00	600.00
Troponin I	700.00		1,700.00	1,000.00
T3	500.00		805.00	550.00
T4	500.00		805.00	550.00

### Clinical Microscopy

Fecal Occult Blood Test (FOBT)			1,000.00	400.00
Fecalysis DFS	100.00		400.00	150.00
Fecalysis Kato Katz	100.00		400.00	200.00
Pregnancy Test	175.00		500.00	250.00
Urinalysis (Auto/Manual)	100.00		575.00	250.00
Urine Sugar, Bill, Uro & Ketones	175.00		300.00	250.00

### Bacteriology

Gram Stain	50.00		500.00	250.00
KOH Stain			400.00	200.00
Sputum Exam/Acid Fast Bacilli (AFB)	200.00		Sputum Culture- 2700 AFB-500	250.00

### Others

Drug Test	250.00		600.00	250.00
Drug Test (Confirmatory)	1,500.00		-	1,500.00
HCV			945.00	300.00

### Blood Station

Cross-matching (Gel Tech.)	700.00		1,200.00	<b>800.00</b>
DG Gel ABO/ RH	300.00		-	<b>800.00</b>
Package per 1 unit of Blood + X- matching	2,500.00		3,000.00	<b>2,500.00</b>
Serology of 5 TTI'S (HIV, HBV, RPR, HCV, Malaria)	1,600.00		HIV-865 HBV-945 RPR-700 HCV- 945 MALARIA-1000	<b>1,600.00</b>