Republic of the Philippines

SANGGUNIANG PANLUNGSOD

City Government of Naga

ORDINANCE NO. 2024-069
VVVVVVVVVVVVVVVVVVVVV

AN ORDINANCE PRESCRIBING THE RATES FOR THE VARIOUS SERVICES RENDERED AT THE NAGA CITY GENERAL HOSPITAL, NAGA CITY:-

Sponsor: Hon. Salvador M. Del Castillo

Be it ordained by the Sangguniang Panlungsod of Naga that:

SECTION 1. The rates for the various services being rendered by the Naga City General Hospital are as follows:

1. HEALTH INFORMATION MANAGEMENT UNIT / MEDICAL RECORDS

LIST OF SERVICES	PRICE
Certificate of Live Birth (COLD)	100.00
Certificate of Death (COD)	100.00
Certificate of Confinement	100.00
Medical Certificate	100.00
Medico Legal Certificate (ML)	200.00
Clinical/Medical Abstract	300.00
Medical Certificate for Employment Gov't (CSC Form 211)	150.00
Laboratory and Radiology Results	50.00
Reconstruction of COD and COLD	300.00
Patient Health Card	100.00
Authentication Fee	100.00

2. ROOM RATES

LIST OF SERVICES	PRICE
WARD Room Rate	800.00
Major Operation	5,500.00
Minor Operation	3,500.00
Delivery Room Fee	5,500.00
OPD and ER Operating Room Fee	1,000.00

3. PROCEDURES FEE

LIST OF SERVICES	PRICE
Debridement Procedure Fee	1,000.00
Excision Procedure Fee	1,500.00
Incision and Drainage Procedure Fee	1,500.00
Nail Extraction Procedure Fee	1,500.00
Cauterization Procedure Fee	1,500.00
Circumcision Procedure Fee	1,500.00
Suturing Procedure Fee (wound repair)	1,500.00

4. ORTHOPEDIC PROCEDURES FEE

LIST OF SERVICES	PRICE
Casting Procedure Fee	500.00
Removal of Cast Procedure Fee	1,500.00

5. CLINICAL LABORATORY

LIST OF SERVICES	PRICE
Blood Chemistry	
ALT/SGPT	250.00
AST/SGOT	250.00
Blood Urea Nitrogen (BUN)	200.00
Blood Uric Acid (BUA)	200.00

Chloride (Cl)	250.00
Cholesterol	175.00
Creatinine	250.00
FBS/RBS	130.00
HBA1C	1,000.00
HDL and LDL	200.00
Ionized Calcium (Ica+)	300.00
Hematology	
Blood Typing	150.00
Clotting Time/Bleeding Time	150.00
Complete Blood Count (CBC) with Platelet Count (5 PARTS)	300.00
Hemoglobin/Hematocrit	200.00
Partial Thromboplastin Time (PTT) / Activated Partial Thromboplastin Time (APTT)	600.00
Peripheral Blood Smear (PBS)	600.00
WBC Count, Differential Count (other body fluids)	300.00
Platelet Count (manual)	250.00
Platelet Count (auto)	300.00
Immunology/Serology	
Dengue DUO	650.00
Dengue Test (NS1, IgG, IgM)	650.00
HBSAg Screening Test	250.00
Rapid Plasma Reagin (RPR)	250.00
SARS CoV-2 RT-PCR	2,800.00
SARS- CoV2 Ag (RAT)	660.00
FT3	600.00
FT4	600.00
Thyroid Stimulating Hormone (TSH)	600.00
Troponin I	1,000.00
T3	550.00
T4	550.00

Clinical Microscopy	
Fecal Occult Blood Test (FOBT)	400.00
Fecalysis DFS	150.00
Fecalysis Kato Katz	150.00
Pregnancy Test	250.00
Urinalysis (Auto/Manual)	250.00
Urine Sugar, Bill, Uro & Ketones	250.00
Bacteriology	
Gram Stain	250.00
KOH Stain	200.00
Sputum Exam/Acid Fast Bacilli (AFB)	250.00
Blood Station	
Cross-matching (Gel Tech.)	800.00
DG Gel ABO/ RH	800.00
Package per 1 unit of Blood + X- matching	2,500.00
Serology of 5 TTI'S (HIV, HBV, RPR, HCV, Malaria)	1,600.00
Others	
Drug Test	250.00
Drug Test (Confirmatory)	1,500.00

HCV	300.0

6. RADIOLOGY DEPARTMENT (X-RAY)

LIST OF SERVICES	PRICE
Abdomen AP/L	700.00
Abdomen AP/L (Pedia)	700.00
Abdomen Lateral Decubitus	350.00
Abdomen Lateral View	350.00
Abdominal (Upright/Supine)	700.00
Ankle AP/L	600.00
Apicolordotic	300.00
Arm AP/L	600.00
Baby Gram	300.00
Calcaneus Axial	300.00
Calcaneus lateral	300.00
Cervical Spine AP/L	600.00
Cervical Vertebral (4 views)	1,200.00
Cervico - Thoracic AP/L	600.00
Chest 1 View (Adult)	300.00
Chest 2 Views (Adult)	600.00
Chest 2 Views (Pedia)	600.00
Chest PA	300.00
Chest Pedia AP/L	600.00
Clavicle	300.00
Coccyx 2 Views	600.00
Elbow AP/L	600.00
Extremities (AP/ L)	600.00
Femur AP/L	600.00
Foot AP/L	600.00
Foot AP/Oblique	600.00
Forearm AP/L	600.00
Foreign Body (2 views)	600.00
Hand AP/L	600.00

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

7. ULTRASOUND

LIST OF SERVICES	PRICE

HBT (Liver, Gallbladder)	1,000.00
HBT + Pancreas	1,500.00
HBT + Pancreas + Spleen (Upper Abdomen)	2,000.00
Hemithorax (lungs) no mapping (half of the lungs)	1,800.00
Hemithorax (lungs) w/ mapping	2,500.00
KUB	1,500.00
KUB/Prostate	2,500.00
Pelvis (non-OB)	1,200.00
Spleen	1,000.00
Whole abdomen	3,000.00
Whole Abdomen /Prostate	4,000.00
Ultrasound for OB	
1st trimester	1,250.00
2nd and 3rd trimester	1,250.00
BPS/Fetal Biometry	1,000.00
NST	300.00
Pelvic	1,000.00
Transvaginal/transrectal	1,000.00

8. OTHERS

LIST OF SERVICES	PRICE
Tracheostomy	2,000.00
Removal of Foreign Body (OPD/ER)	1,000.00
Tracheostomy	2,250.00
NGT Insertion	1,500.00
Catheter	1,500.00
Dressing (minor wounds)	1,500.00
Nebulization	50.00
Oxygen Use (per PSI used)	10/PSI
Ambulance Fee (Non-emergency w/in Naga City)	1,000.00
Ambulance fee (To Metro Manila and vice-versa)	15,000.00

SECTION 2. EFFECTIVITY. This Ordinance shall take effect upon its approval and publication in a newspaper of general circulation.

ENACTED: July 2, 2024.

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WE HEREBY CERTIFY to the correctness of the foregoing ordinance.

GIL A. DE LA TORRE
Secretary to the
Sangguniang Panlungsod

MARIKA ARA L. TAYAS
Youth Secretary to the
Sangguniang Panlungsod

CECILIA B. VELUZ-DE ASIS
City Vice Mayor
& Presiding Officer

ALLYSA ROBELLE COMEDA
City Youth Vice Mayor
& Presiding Officer

APPROVED:

NELSON S. LEGACION
City Mayor 7/4/24

BRIDGET KYLE F. BERNAL
City Youth Mayor