



Republic of the Philippines
Province of Nueva Ecija

E.L.J. Memorial Hospital

(NUEVA ECIJA PROVINCIAL HOSPITAL)

Daan Sarile, Cabanatuan City
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Tel. No. (044) 960-0155



LIST OF SERVICES OFFERED WITH FEES

Section 5C.01 Imposition of Provincial Hospital Service Fees – is hereby imposed fees for services of facilities rendered services by the Eduardo L. Joson Memorial Hospital, within the province, and affiliation services on Nursing and Midwifery students as follows:

A. Room Rates

1. Charity: No Billing Balance	
2. PHIC/Pay	
<u>1 Patients in a room</u>	
With Aircon	1,200.00
With Electric Fan	900.00
<u>2 Patients in a room</u>	
With Aircon	1,000.00
With Electric Fan	800.00
<u>3 Patients in a room</u>	
With Aircon	800.00
With Electric Fan	500.00
<u>1 Patients in a room</u>	
With Aircon	700.00
With Electric Fan	400.00
OB-Gynecology Room	500.00
Isolation	400.00

B. OR & DR Complex	Fee
Operating Room	1,400.00
Delivery Room	1,100.00
Labor Room	1,100.00
Surgical Room	700.00

C. Emergency Room (ER)/Out-Patient-Department(OPD) Services

Particulars	Fee
(ER & OPD Services)	
Minor Surgery Fee	260.00
Suturing Fee	260.00
Dressing Fee	200.00
Removal of Foreign Body	300.00

Particulars	Fee
IV Insertion	100.00
Catheterization	100.00
Debridement	100.00
Circumcision	600.00
Incision and Drainage	400.00
Excision	670.00
Use of Medical Equipment	Fee
ECG Fee	300.00
Pulse Oximeter Fee	85.00
Nebulization Fee	100.00
Cautery Fee	200.00
Suction Fee	150.00

D. Imaging and Other Radiologic Procedure

Imaging Procedure	Fee
ECG	300.00
2D Echo	2,800.00
2D Echo with Bubble Contrast	4,500.00
Bubble Contrast only	2,000.00
Pedia Echo	2,800.00
Duplex: Arterial Lower	3,500.00
Duplex: Venous Lower	3,500.00
Duplex: Arterial & Venous (Lower)	3,500.00
Duplex: Arterial Upper	3,500.00
Duplex: Venous Upper	3,500.00
Duplex: Arterial & Venous (Upper)	6,500.00
Duplex: Carotid	3,000.00
ABI	300.00

CT SCAN	Fee
CT SCAN – Cranial Plain	4,500.00
CT SCAN – Chest Th	5,500.00
CT SCAN – Whole Abdomen	9,000.00
CT SCAN – Abdomen 3 phase	9,000.00
CT SCAN – Upper Abdomen	5,000.00
CT SCAN – Lower Abdomen	5,000.00
CT SCAN – Paranasal Sinuses	5,500.00
CT SCAN – Orbit	5,500.00
CT SCAN – Nasopharynx	5,500.00
CT SCAN – Oropharynx	5,000.00
CT SCAN – Larynx	5,000.00
CT SCAN – Pituitary Fossa	5,000.00
CT SCAN – Facial Bone	5,000.00
CT SCAN - Facial Bone (with 3D)	7,000.00
CT SCAN – Temporal Bone	5,000.00
CT SCAN – Temporal Bone (with 3D)	5,500.00
CT SCAN – Mandible	5,500.00
CT SCAN – Neck	5,000.00
CT SCAN – Cervical Spine	5,000.00
CT SCAN – Cervical Spine (with 3D)	5,500.00
CT SCAN – Thoracic Spine	5,000.00
CT SCAN – Thoracic Spine (with 3D)	5,000.00
CT SCAN – Lumbar Spine	5,000.00
CT SCAN - Lumbar Spine (with 3D)	5,500.00
CT SCAN – Stonogram	6,500.00
CT SCAN – Brain Angiogram	12,000.00
X-RAY	Fee
X-RAY – Chest PA	300.00
X-RAY – Chest PA/L (Adult)	350.00
X-RAY – Plain Abdomen	400.00
X-RAY – Upper Abdomen	400.00
X-RAY – KUB	350.00
X-RAY – Pelvic	300.00
X-RAY – Skull Series AP/L	340.00
X-RAY – Cervical Spine	500.00
X-RAY – Thoracic Spine	500.00
X-RAY – Shoulder	400.00
X-RAY – Clavicle	400.00
X-RAY – Elbow AP/L	280.00
X-RAY – Forearm AP/L	280.00
X-RAY – Wrist AP/L	280.00
X-RAY – Hand AP/O	280.00
X-RAY – Femur AP/L	300.00
X-RAY – Leg AP/L	330.00
X-RAY – Knee AP/L	280.00
X-RAY – Ankle AP/L	250.00
X-RAY – Foot AP/O	280.00
X-RAY – Patella	280.00

X-RAY – Nasal Bone	280.00
Chest Bucky	300.00
Thoracic Cage AP	300.00
Thoraco-Lumbar AP/L	460.00
Upright Abdomen	400.00
Upper Extremities	330.00
Lower Extremities	330.00
Pelvimetry AL/L	610.00
Water's View	300.00

ULTRASOUND	Fee
ULTRASOUND – Pelvic	400.00
ULTRASOUND – Liver/GB/Pancreas	650.00
ULTRASOUND – Upper Abdomen	510.00
ULTRASOUND – Lower Abdomen	510.00
ULTRASOUND – KUB	600.00
ULTRASOUND – Whole Abdomen	860.00
ULTRASOUND – Transvaginal	800.00
ULTRASOUND – Thyroid	500.00

E. Molecular and Laboratory Procedure

MOLECULAR	Fee
iCHROMA RAPID ANTIGEN	960.00
FT3 (RIA)	1,000.00
T3 (ECLIA)	660.00
T4 (ECLIA)	660.00
TSH	660.00
SGOT	280.00
SGPT	280.00
URIC ACID	200.00
BLOOD TYPING	300.00
BUN	300.00
TRIGLYCERIDES	290.00
BUA	290.00
CLOTTING TIME/BLEEDING TIME	110.00
FECALYSIS	150.00
HEMOGLOBIN (HBA1C)	580.00

LABORATORY PROCEDURE	Fee
CBC Manual	200.00
CBC Automated	600.00
CBC with Platelet	280.00
Blood Typing	220.00
Creatinine	290.00

LABORATORY PROCEDURE	Fee
Cross Matching (manual)	300.00
Cross Matching (diamed)	920.00
Culture and Sensitivity	1,000.00
Lipid Profile	370.00
Total Cholesterol	280.00
Low Density Lipoprotein	230.00
NA, K, CA (Serum Electrolytes)	600.00
PT/Prottime	600.00
PT/PTT	1,200.00
PTT	700.00
OGCT	500.00
Peripheral Blood Smear (PBS)	700.00
Pregnancy Test	140.00
Reticulocyte	280.00
Reverse Typing	100.00
RPR (Syphilis)	250.00
Semenalysis	100.00
Typhidot	800.00
Urinalysis	130.00
Confirmatory Test	140.00
Widal Test	140.00
AFB 3 Slides (<i>in patient only</i>)	170.00
AFB Microscopy	200.00

F. Dental Services

<u>Particulars</u>	<u>Fee</u>
Tooth Extraction	
Simple	500.00
Complicated	500.00
Filling	
Permanent	400.00
Temporary	210.00
Oral Prophylaxis	
Simple	170.00
Complicated	370.00


G. Medical Certificate Fees

- a) A fee of Fifty pesos (P50.00) shall be collected for:
- The issuance of certification for school examination, test and similar services.
 - Each copy of subsequent issuance of the initial medical certificate issued.
- b) For copy of medical certificate, physical issuance of the initial medical certificate to be used for any legal, there shall be collected a fee of Fifty pesos (P50.00).
- c) A fee of Two Hundred Fifty pesos (P250.00) shall be collected for the issuance of medical certificate that will be used as evidence in Court litigation.

Prepared by:


CRISANTA C. TORRES
Acting Administrative Officer

Noted by:


AUGUSTO F. ABELEDA, JR., MD, MHA
Chief of Hospital II