

Item No.: 35  
Date: JUN 06 2023

Republic of the Philippines  
Province of Leyte  
**PROVINCIAL HEALTH OFFICE**  
Candahug, Palo, Leyte

SANGGUNIANG PANLALAWIGAN  
29 May 2023  
Avin  
PROVINCE OF LEYTE

May 8, 2023

**HON. LEONARDO "SANDY" JAVIER, JR.**  
Vice Governor  
Province of Leyte

**Dear Vice Gov. Javier:**

We respectfully submit to your good office the Proposed **New Hospital Fees and Charges** for all hospitals under the Provincial Government of Leyte, which has been diligently deliberated by the Provincial Health Ad Hoc Committee, and has been approved by the Provincial Governor, for inclusion in the agenda of your next SP Session. Said Proposed Rate will replace the existing Hospital Rates which has been approved thru SP Resolution No. 2015-527 dated October 30, 2015.

We sincerely hope for a positive response and immediate action on this matter.

Thank you very much!

Very truly yours,



**RONALD E. FLORES, MD., DPPS, MMHOA**  
Acting Provincial Health Officer II

Approved:



**CARLOS JERICHO L. PETILLA**  
Governor

cc: Florinda Jill S. Uyvico  
SB Secretary

Republic of the Philippines  
Province of Leyte  
**PROVINCIAL HEALTH OFFICE**  
Candahug, Palo, Leyte

**PROPOSED HOSPITAL FEES AND CHARGES**

TYPE OF SERVICE	PROPOSED RATE
<b>MEDICAL RECORDS SECTION:</b>	
Medical Certification	200.00
Medico Legal Certification	1500.00
Death Certificates	300.00
Birth Certificates	300.00
<b>OPD SECTION:</b>	
Suturing -Small	500.00
- Medium	1000.00
- Large	1500.00
Dressing	300.00
I&D	1500.00
Catheterization	1,500 w/ supplies
Cauterization of warts	
Less than 20	400.00
20 - 50	1,000.00
more than 50	2,000.00
Excision	2, 500 w/ supplies
Circumcision	2,000 w/ supplies
Removal Of Foreign Body	750.00
Vaccine Injection- Toxoid (ATS, Hepa B)	200.00
Anti Rabies	3,500.00
Initial Prenatal	200.00
Follow up Prenatal - Non -Private Patient	100.00
Private Patient	200.00
Fee for lost OPD No.	100.00
Consultation Fee after Office hours/ER Consult	300.00
<b>ER SECTION:</b>	
Nebulization w/o Nebules	100.00
Nebulization w/ kit & Nebules	300.00
Rapid Nebulization	500.00
ER Fee	500.00
<b>DENTAL CLINIC:</b>	
Tooth Extraction w/Supplies	400.00
Temporary Filling	500.00
Permanent Filling	800.00
Prophylaxis	500.00
<b>LABORATORY SECTION:</b>	
Newborn Screening kit	1800.00
Newborn Screening Service Fee	650.00
CBC	250.00
Urinalysis	200.00
Stool Exam	200.00
Typhi DOT	1000.00
Widal	500.00
HEPATITIS EXAM	900.00
-HBsAG	300.00
- Hepa A	400.00
- hepa C	400.00
- Syphillis TP	350.00
- HIV 1&2	350.00
Pregnancy Test (w/ hospital kit)	300.00
FBS	500.00
-CBG	150.00
-RBS	500.00
Cholesterol -Total	300.00
-HDL	300.00
-LDL	300.00

TYPE OF SERVICE	PROPOSED RATE
Uric Acid	300.00
Creatinine	300.00
BUN	300.00
Triglycerides	300.00
SGOT	450.00
SGPT	450.00
Na K + Cl	900.00
BUA	300.00
Alkaline Phosphate	600.00
Total Protein, Albumin, Globulin (TPAG)	600.00
Albumin	200.00
Globulin	150.00
Total Protein	200.00
Prottime with INR	600.00
APTT	600.00
Total Bilirubin	600.00
Direct bilirubin (B1)	300.00
Indirect Bilirubin (B2)	300.00
Drug Test	250.00
Water Analysis	200.00
Gene-Ex	200.00
ABG	1,000.00
<b>MICROSCOPY</b>	
Occult Blood	300.00
Fecalalysis	200.00
<b>HEMATOLOGY</b>	
CBC	250.00
platelet Count	100.00
Hemoglobin & Hematocrit	120.00
Blood Typing	100.00
Cross-Matching	700.00
Gram Staining	200.00
AFB	200.00
CTBT	200.00
Hba1C	900.00
OGTT (Oval Glucoe Tolerance Test)	500.00
Peripheral Smear	400.00
<b>IMMUNOLOGY</b>	
RH Typing	100.00
T3	900.00
T4	900.00
TSH	1,000.00
FT3	900.00
FT4	900.00
TSH	1,000.00
H Pylori	1,000.00
CRP (c reACTIVE Protein)	950.00
ASO (Anti Strptolysis O)	500.00
Torponin I	1,000.00
Covid Ab	1,600.00
Covid As	1,800.00
Dengue Rapid Test (NSI, IgM/IgG)	1,800.00
<b>DELIVERY ROOM</b>	
DR Fee	2,600.00
Labor Room Fee	1,500.00
Placental Extraction	2,500.00
Repair of Lacerations - 1st degree	1,500.00
2nd degree	2,000.00
3rd degree	2,500.00
Vit K	100.00
Oxygen Inhalation @ 800 psi	300.00/hr
OB Pack -Primigravida	3,000.00
-Multigravida:Gravida 2	3,000.00
Gravida 3 Up	2,000.00

TYPE OF SERVICE	PROPOSED RATE
<b>ICU/NICU</b>	
Umbilical Cannulation	2,500.00
IVF insertion	200.00
Cord Dressing	200.00
Suctioning	300/day
Billilight Exposure	1000/day
Incubator Isollete	1500/day
Room & Board	800/day
Cardiac Monitoring -ICU/24 hrs.	5,000.00
-Per Hour	500/hr
Pulse Oximeter	500/day
Infusion pump	1000/day
Resuscitation Package	4000/day
Kangaroo Mother Care	1,500.00
<b>X-Ray</b>	
Skull APL	500.00
Sinuses Water's	500.00
Sinuses Caldwell's	500.00
Nasal Bone	500.00
Cervical APL	500.00
Chest PAV	350.00
Chest Lateral	350.00
Chest Bucky	400.00
Chest Apico Lordotic View	300.00
Chest APL (pedia)	450.00
Forearm	400.00
Hands	400.00
Wrist	400.00
Abdomen Flat/Upright	700.00
Chest Decubitus	300.00
Pelvis AP	300.00
Lumbo Sacral	500.00
Thigh APL	500.00
Leg APL	500.00
Knee APL	500.00
Foot APL	500.00
<b>ULTRASOUND</b>	
Whole Abdomen	1,200.00
Pelvic	550.00
KUB	550.00
HBT	550.00
Transvaginal	700.00
Neck Thyroid	700.00
Hemithorax	550.00
Scrotal	550.00
Breast	700.00
<b>CT SCAN</b>	
Abdomen Plain	8,500.00
Abdomen Contrast	11,500.00
Adrenal Gland Plain	8,500.00
Adrenal Gland Contrast	8,000.00
Brain/Cranial Plain	4,500.00
Cranial And Neck Plain	10,500.00
Cranial And Neck Contrast	15,000.00
Brain/Cranial Stat	5,300.00
Brain/Cranial Contrast	6,500.00
Breast Plain	7,000.00
Breast Contrast	9,700.00
Cervical And Chest Plain	11,700.00
Cervical And Chest Contrast	16,000.00
Cervical Plain	6,000.00
Cervical Stat	6,500.00
Cervical With Sagittal	6,700.00

TYPE OF SERVICE	PROPOSED RATE
Cervical With Coronal	7,000.00
Cervical With Contrast	8,500.00
Cervical And Chest Plain	11,700.00
Cervical And Chest Contrast	16,000.00
Cerebral Angiogram	12,000.00
Chest Plain	5,700.00
Chest Contrast	7,500.00
Craniofacial	14,100.00
Craniofacial Contrast	17,000.00
Elbow Plain	5,000.00
Elbow Contrast	7,500.00
Esophagus Plain	7,000.00
Esophagus Contrast	9,500.00
Extremity Plain	8,000.00
Extremity Contrast	11,700.00
Extremities/Both Joints Plain	10,000.00
Extremities/Both Joints Contrast	8,524.00
Extremities Long Bones Plain	12,000.00
Extremities Long Bones Contrast	15,700.00
Facial Bone Plain	9,600.00
Facial Bone Contrast	10,500.00
Foot Plain	5,000.00
Foot Contrast	7,500.00
Head and Facial Plain	11,700.00
Head and Facial Contrast	14,700.00
Head and Mandible Plain	8,600.00
Head and Mandible Contrast	11,700.00
Head and Nasopharynx Plain	8,500.00
Head and Nasopharynx Contrast	11,000.00
Head and Neck Plain	10,800.00
Head and Neck Contrast	14,700.00
Head and Orbit Plain	8,500.00
Head and Orbit Contrast	10,700.00
Head and Paranasal	8,700.00
Head and Paranasal Contrast	10,700.00
Head and Parotid Plain	8,800.00
Head and Parotid Contrast	11,700.00
Head and Salivary Gland Plain	9,800.00
Head and Salivary Gland Contrast	12,700.00
Head and Temporal Plain	8,500.00
Head and Temporal Contrast	10,700.00
Head/Ears/Nasopharynx Plain	10,600.00
Head/Ears/Nasopharynx Contrast	12,700.00
Head/Orbits/Ears Plain	10,600.00
Head/Orbits/Ears Contrast	12,700.00
Head/Ears/Pns Plain	10,600.00
Head/Ears/Pns Contrast	12,700.00
Head And Skull Base Plain	8,800.00
Head And Skull Base Contrast	10,700.00
Hepatobiliary Tree Plain	6,000.00
Hepatobiliary Tree Contrast	8,700.00
Hip Plain	6,000.00
Hip Contrast	8,700.00
Hip Both Plain	10,000.00
Hip Both Plain Contrast	13,700.00
Kidneys Plain	6,000.00
Kidneys Contrast	8,700.00
Kub Plain	8,000.00
Kub Contrast	10,700.00
Knee Joint Plain	6,000.00
Knee Joint Plain Contrast	8,700.00
Larynx Plain	6,000.00
Larynx Contrast	8,700.00
Liver Plain	6,000.00
Liver Contrast	8,700.00
Lower Abdomen	6,000.00

TYPE OF SERVICE	PROPOSED RATE
Lower Abdomen Contrast	
Lumbar Plain	8,700.00
Lumbar Contrast	6,500.00
Lumbosacral Plain	8,700.00
Lumbosacralcontrast	10,000.00
Mandible Plain	13,700.00
Mandible Contrast	4,800.00
Neck and Upper Chest Plain	7,500.00
Neck and Upper Chest Contrast	8,000.00
Oral Plain	11,700.00
Oral Contrast	4,800.00
Orbits Plain	7,500.00
Orbits Contrast	5,000.00
Pancreas Plain	7,500.00
Pancreas Contrast	6,000.00
Paranasal Plain	7,500.00
Paranasal Contrast	5,000.00
Paranasal and Temporal Bone Plain	8,700.00
Paranasal and Temporal Bone Contrast	8,500.00
Pelvis Plain	10,700.00
Pelvis Contrast	6,000.00
Sacral Plain	8,700.00
Sacral Contrast	6,000.00
	8,700.00
<b>2D Echo</b>	
	2,700.00
<b>HOSPITAL SERVICES</b>	
ECG	
Student PE Certification	250.00
Ultrasonography -Pelvis	100.00
-Abdomen	700.00
CP Clearance	1200.00
Paracentesis	1000.00
Thoracentesis	2,500.00
Intubation	2,500.00
<b>ROOM AND BOARD PER DAY</b>	
Service Ward	500.00
Payward	750.00
Semi-Private with electric fan	900.00
Semi-Private w/aircon(double occupancy)	1,200.00
Private Room w/Aircon(single occupancy)	1,800.00
Suite Room Aircon w/ TV&Refrigerator	3,000.00
Admission Kit (complete with Pillow- for private room)	750.00
Change of Bedsheet (rental)	350.00


<b>GENERAL SURGERY</b>	
Explorlap	PHIC RVU
Acute Appendicitis	PHIC RVU
Thyroidectomy	PHIC RVU
Mastectomy	PHIC RVU
Heriorrhapy, Hydrocoelectomy	PHIC RVU
Cholecystectomy	PHIC RVU
Fistula En Ano	PHIC RVU
Closed-Tube Thoracotomy	PHIC RVU
Cut down	PHIC RVU
Debridement	1,000.00
Excision -Small	1,500.00
-Medium	2,000.00
-Large	8,000.00
OR FEE - Major surgery	2,500.00
Minor Surgery	
<b>OB-GYNECOLOGY</b>	
Cesarean Section -Obstetrician	PHIC RVU
-Pediatrician	PHIC RVU
Pelvic Laparotomy - Obstetrician	PHIC RVU
- Anesthesiologist	PHIC RVU

TYPE OF SERVICE	PACKAGE RATE
<b>5. DENGUE SCREENING TEST</b> DRT (NSI, IgM/IgG), CBC with Platelet	1,950.00
<b>6. EXECUTIVE HEALTH PACKAGE</b> Basic Health Package + Bilirubin (Total/Direct/ Indirect), TPAG (Total Protein, Albumin, (Globulin,A/G Ratio)	4,050.00
<b>7. PRE-EMPLOYMENT PACKAGE</b> CBC, UA, Chest X-ray	700.00
<b>8. PRE-EMPLOYMENT PACKAGE 2</b> CBC, UA, SIE /Fecalysis, HBsAg	850.00
<b>9. THYROID FUNCTION TEST 1</b> T3, T4, TSH	2,700.00
<b>10. THYROID FUNCTION TEST 2</b> FT3, FT4, TSH	2,700.00
<b>11. THYROID FUNCTION TEST 3</b> FT3, FT4, T3, T4, TSH	4,450.00

**RECOMMENDING APPROVAL:**

  
**RONALD E. FLORES, MD., DPPS, MMHOA**  
 Chairman, Ad Hoc Committee

  
**LINDA TERESA T. ASTORGA, MD, MHA**  
 Member, Ad Hoc Committee

  
**OFELIA C. ABSIN, MD., DPAFP**  
 Member, Ad Hoc Committee

  
**LESMES C. LUMEN, MD, FPAMS, FICS**  
 Member, Ad Hoc Committee