



Republic of the Philippines  
PROVINCE OF LEYTE



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OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF THE  
SANGGUNIANG PANLALAWIGAN OF LEYTE CONDUCTED AT THE SESSION HALL,  
LEYTE PROVINCIAL GOVERNMENT COMPLEX ON

PHYSICALLY PRESENT:

VIRTUALLY PRESENT:

RESOLUTION NO. 2023-\_\_\_

A RESOLUTION APPROVING ON THIRD AND FINAL READING, PROVINCIAL ORDINANCE NO. 2023-\_\_\_, ENTITLED: AN ORDINANCE AMENDING SECTION 4 OF PROVINCIAL ORDINANCE NO. 1, SERIES OF 2005, OTHERWISE KNOWN AS "AN ORDINANCE ADOPTING STANDARD RATES OF FEES AND CHARGES ON SERVICES RENDERED BY THE DIFFERENT HOSPITALS OPERATED BY THE PROVINCIAL GOVERNMENT OF LEYTE" AS AMENDED BY PROVINCIAL ORDINANCE NOS. 2011-09 AND 2015-02.

**WHEREAS**, hospital fees and charges shall be determined by the Sangguniang Panlalawigan and if there shall be any changes in PhilHealth charges, a corresponding adjustment of the hospital fees and charges will follow accordingly, so in order to maximize PhilHealth claims, there is a need to adjust the fees and charges on the services rendered by the different hospitals operated by the provincial government;

**WHEREAS**, the health services of the different hospitals operated by the provincial government will now be extensive and in order for the provincial government to legally impose the needed adjustment of hospital fees and charges, this amendatory ordinance has to be enacted;

**WHEREAS**, the present Hospital Rates and Fees was approved thru SP Resolution No. 2015-527, dated October 30, 2015, thus, there is a need to adjust such schedule of fees and charges under Section 3 of Ordinance No. 2015-02, Series of 2015;

**NOW THEREFORE**, on motion of Honorable \_\_\_\_\_, and duly seconded by Honorable \_\_\_\_\_, be it

**RESOLVED** to enact, as it is hereby **ENACTED** on third and final reading, the following:

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**ORDINANCE NO. 2023-02**  
**Series of 2023**

**AUTHOR: HON. RAISSA J. VILLASIN**  
Chairperson, Committee on Health and  
Sanitation

**CO-AUTHORS:**

**AN ORDINANCE AMENDING SECTION 4 OF PROVINCIAL ORDINANCE NO. 1, SERIES OF 2005, OTHERWISE KNOWN AS "AN ORDINANCE ADOPTING STANDARD RATES OF FEES AND CHARGES ON SERVICES RENDERED BY THE DIFFERENT HOSPITALS OPERATED BY THE PROVINCIAL GOVERNMENT OF LEYTE" AS AMENDED BY PROVINCIAL ORDINANCE NOS. 2011-09 AND 2015-02.**

**Be it ordained by the Sangguniang Panlalawigan of Leyte, that:**

**SECTION 1. TITLE.** This Ordinance shall be known as the **"NEW HOSPITAL FEES AND CHARGES FOR 2023 OF THE PROVINCE OF LEYTE"**;

**SECTION 2. DECLARATION OF POLICY.** This Ordinance is to amend the present schedule of fees on services rendered by the different hospitals operated by the Provincial Government.

**SECTION 3.** Section 4 of Provincial Ordinance No.1, Series of 2005 is hereby amended to read as follows:

**IMPOSITION OF FEES AND CHARGES:** The following schedule of fees shall be imposed on services rendered by the different hospitals.

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
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



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

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
Lower Abdomen Contrast	8,700.00
Lumbar Plain	6,500.00
Lumbar Contrast	8,700.00
Lumbosacral Plain	10,000.00
Lumbosacralcontrast	13,700.00
Mandible Plain	4,800.00
Mandible Contrast	7,500.00
Neck and Upper Chest Plain	8,000.00
Neck and Upper Chest Contrast	11,700.00
Oral Plain	4,800.00
Oral Contrast	7,500.00
Orbits Plain	5,000.00
Orbits Contrast	7,500.00
Pancreas Plain	6,000.00
Pancreas Contrast	7,500.00
Paranasal Plain	5,000.00
Paranasal Contrast	8,700.00
Paranasal and Temporal Bone Plain	8,500.00
Paranasal and Temporal Bone Contrast	10,700.00
Pelvis Plain	6,000.00
Pelvis Contrast	8,700.00
Sacral Plain	6,000.00
Sacral Contrast	8,700.00
<b>2D Echo</b>	2,700.00
<b>HOSPITAL SERVICES</b>	
ECG	250.00
Student PE Certification	100.00
Ultrasonography -Pelvis	700.00
-Abdomen	1200.00
CP Clearance	1000.00
Paracentesis	2,500.00
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		PHIC RVU
Excision -Small		1,000.00
-Medium		1,500.00
-Large		2,000.00
OR FEE - Major surgery		8,000.00
Minor Surgery		2,500.00
<b>OB-GYNECOLOGY</b>		
Cesarean Section -Obstetrician		PHIC RVU
-Pediatrician		PHIC RVU
Pelvic Laparotomy - Obstetrician		PHIC RVU
- Anesthesiologist		PHIC RVU
TABHSO - Obstetrician		PHIC RVU
- Anesthesiologist		PHIC RVU
- Internist CP		PHIC RVU
D&C w/ Anesthesiologist		PHIC RVU
w/o Anesthesiologist		PHIC RVU
BTL w/o Assist		PHIC RVU
Perineal Repair - Obstetrician		PHIC RVU
- Anesthesiologist		PHIC RVU
<b>ORTHOPEDICS</b>		
ORIF		
AKA/BKA -Surgeon		PHIC RVU
-Anesthesiologist		PHIC RVU
Closed Reduction Of Fractures -Surgeon		PHIC RVU
-Anesthesiologist		PHIC RVU
Casting		1,500.00
<b>OPHTHA/EENT</b>		
Cataract Excision		PHIC RVU
Ambulance Fee		50.00/km
<b>STUDENT AFFILIATION</b>		
Medical 5.0/hr/student		50.00/8 hrS.
60/month/student(4th year)		
Medical Technologist		
Nursing 50-80 hrs/student		
30-49		
10-29 hrs.		
1-9 hrs.		
Dental		
Midwifery 30-40 hrs.		
Physical Theraphy Per Month		
Pharmacy 480 Hours		
160 hours		
Radiologic Technology per month		



Nurse/Health Aide per month	
Psychology Per month baccalaureate level	
Masteral Level	
Doctoral	
Hospital Dietetics 192 hours/student	
Public Health Nutrition 240 hours/student	

**LABORATORY PACKAGE RATE FOR OPD**

<b>1. BASIC HEALTH PACKAGE</b> CBC, URINALYSIS, LIPID PROFILE (Total Cholesterol, Triglyceride, HDH, LDL)	2,850.00
<b>2. RENAL PANEL (KIDNEY FUNCTION)</b> Urinalysis, BUN, Creatine	700.00
<b>3. LIVER PANEL PACKAGE (Liver Function)</b> SGOT, SGPT, Alkaline Phospate, TPAG, Bilirubin (Total/Direct/Indirect)	2,500.00
<b>4. COAGULATIVE PANEL</b> CBC with Platelet, Protine with INR, APTT	1,350.00
<b>5. DENGUE SCREENING TEST</b> DRT (NSI, IgM/IgG), CBC with Platelet	1,950.00
<b>6. EXCUTIVE HEALTH PACKAGE</b> Basic Health Package + Bilirubin (Total/Direct/ Indirect), TPAG (Total Protein, Albumin, (Globulin,A/G Ratio)	4,050.00
<b>7. PRE-EMPLOYEMENT PACKAGE</b> CBC, UA, Chest X-ray	700.00
<b>8. PRE-EMPLOYEMENT PACKAGE 2</b> CBC, UA, SIE /Fecalalysis, 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

**SECTION 4. SEPARABILITY CLAUSE.** If any provision of this Ordinance is held invalid or unconstitutional, the other provisions not affected thereby shall remain valid and enforceable.

**SECTION 5. REPEALING CLAUSE.** Any provincial ordinance, resolution, rules and regulations, or parts thereof, in conflict with or inconsistent with any of the provisions of this Ordinance are hereby amended, modified, or repealed accordingly.

**SECTION 6. EFFECTIVITY CLAUSE.** This Ordinance shall take effect fifteen (15) working days upon approval.

**Approved unanimously.**

**I HEREBY CERTIFY** to the correctness of the foregoing resolution.

**FLORINDA JILL S. UYVICO**  
Secretary to the Sanggunian

**ATTESTED:**

**HON. WILSON S. UY**  
SangguniangPanlalawigan Member

**ATTY. RONAN CHRISTIAN M. REPOSAR**  
SangguniangPanlalawigan Member

**HON. TRINIDAD G. APOSTOL**  
SangguniangPanlalawigan Member

**HON. RAISSA J. VILLASIN**  
SangguniangPanlalawigan Member

**HON. MA. CORAZON M. REMANDABAN**  
SangguniangPanlalawigan Member

**HON. MARY KATHRYN VELOSO-KABIGTING**  
SangguniangPanlalawigan Member

**HON. FLAVIANO CENTINO JR.**  
SangguniangPanlalawigan Member

**HON. VINCENT RAMA**  
SangguniangPanlalawigan Member

**HON. MICHAEL CARI**  
SangguniangPanlalawigan Member

**ATTY. CARLO P. LORETO**  
SangguniangPanlalawigan Member

**HON. NOLIE C. CAÑA**  
SangguniangPanlalawigan Member

**HON. CARMEN CARI**  
SangguniangPanlalawigan Member

**HON. JO VANILLE CHUA-MERILO**  
SangguniangPanlalawigan Member

**HON. LEONARDO JAVIER, JR**  
Vice Governor and Presiding Officer

Approved:

**CARLOS JERICHO L. PETILLA**  
Governor

DATE: \_\_\_\_\_