



Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
19th City Council

PO19CC-102

38th Regular Session

ORDINANCE NO. SP- 2349, S-2014

AN ORDINANCE PROVIDING FOR UNIFORM HOSPITAL RATES AND CHARGES FOR THE QUEZON CITY GENERAL HOSPITAL, NOVALICHES DISTRICT HOSPITAL, AND QUEZON CITY HEALTH DEPARTMENT AMENDING FOR THAT PURPOSE SECTION 188 OF ORDINANCE NO. SP-91, S-93.

Introduced by Councilors JESSICA CASTELO DAZA
and JESUS MANUEL C SUNTAY.

Co-Introduced by Councilors Anthony Peter D. Crisologo, Dorothy A. Delarmente, Victor V. Ferrer, Jr., Alexis R. Herrera, Precious Hipolito Castelo, Voltaire Godofredo L. Liban III, Ranulfo Z. Ludovica, Ramon P. Medalla, Estrella C. Valmocina, Gian Carlo G. Sotto, Jose Mario Don S. De Leon, Jaime F. Borres, Bayani V. Hipol, Jose A. Visaya, Julienne Alyson Rae V. Medalla, Godofredo T. Liban II, Candy A. Medina, Marivic Co-Pilar, Rogelio "Roger" P. Juan, Melencio "Bobby" T. Castelo, Jr., Donato C. Matias and Ricardo B. Corpuz.

WHEREAS, the local government of Quezon City recognizes the importance of health and overall safety of its people;

WHEREAS, City Ordinance No. SP-91, S-93 otherwise known as the "Quezon City Revenue Code along with its amendments, provide standardized rates for tax payments, fees, and other charges; y

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WHEREAS, Republic Act No. 7160, otherwise known as the "Local Government Code of 1991", authorize local government units to create their own sources of revenues to defray the expenses of government operations;

WHEREAS, Section 153 of the Local Government Code empowers the local government units to impose and collect such reasonable fees and charges for services rendered;

WHEREAS, on 22 December 1997, the Quezon City General Hospital-Novaliches District Hospital was formally opened to the public as a commitment to serve the residents of District II, especially the less-fortunate;

WHEREAS, the Novaliches District Hospital has undergone expansion of its medical facilities in order to meet the growing health care needs of the residents of Quezon City particularly that of Districts II, V and VI;

WHEREAS, the Quezon City General Hospital, Novaliches District Hospital and Quezon City Health Department are all under the control and supervision of Quezon City Government. Uniformity in the said Hospitals' rates and charges will better serve the interest of the citizens of Quezon City.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. Section 188 of City Ordinance No.SP-91, S-93, as amended by City Ordinance No. SP-2211, S-2013, is hereby amended to read as follows:

"Sec.188 Imposition of Charges- The Uniform rates and charges prescribed herein shall be charged by Quezon City General Hospital, Novaliches District Hospital, and Quezon City Health Department." ✓



A.) Room Accommodation Rate/ day	UNIFORM HOSPITAL RATES
1. Suite room (32" LED, 4.5cuft. Ref. Couch Sofa)	1,500.00
2. Single private room (w/ aircon, CR and 3 - seater monoblock sofa)	1,300.00
3. Double bed private room (w/TV,Ref,CR and couch)	800.00
4. Double bed private room (w/ AC,Ref,CR and couch)	600.00
5. Philhealth room double bed(w/ AC,Ref,CR and couch)	600.00
6. Service ward	500.00
7. ICCU	600.00
8. (PF) Medical Management (Service Ward)	300.00
9. Oncology Chemo room	800.00
10. Isolation room	500.00
11. PhilHealth ward	500.00
B.) Intensive Care Unit	
1. MICU Pay	1,000.00
2. MICU service	800.00
3. SICU	1,000.00
4. PICU	1,000.00
5. NICU	600.00
C. Other area	
1. PACU	400.00
2. Labor room	1,000.00

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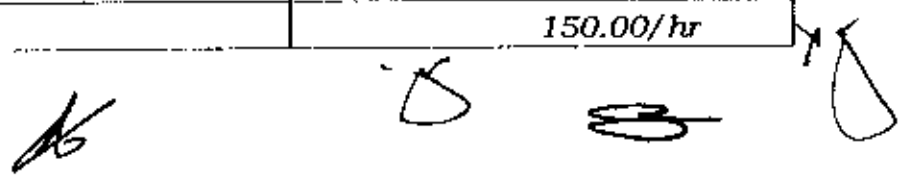
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D.) Procedure/ Examination/ Treatment	
1. OPD PE/ Consultation fee	20.00/ 40.00
2. ER PE/ Consultation fee/ Medico - legal	50.00/ 100.00/ 150.00
3. Parenteral Infections (IM, SC, intradermal)	30.00
4. IV insertion (cut down) excluding cannula and tubings	80.00
5. Cut Down w/ CVP	350.00
6. Surgical Dressing small/ medium	30.00/ 60.00
7. Nebulization inhalation (excluding medicine)	40.00
8. Skin preparation w/ shaving	50.00
9. ETT insertion	100.00
10. Foley catheter/ NGT insertion	90.00/ 60.00
11. Suctioning portable/ wall	16.00/ 18.00
12. Vaginal and urethral treatment	140.00
13. Refraction/ perimetry (Manual)	35.00
14. Internal exam. Pelvic	35.00
15. Culde centesis (procedure only)	42.00
16. Cervical biopsy (procedure only)	42.00
17. Peri - light/ day	28.00

E.) OR/ DR/ procedures	
1. Major OR	3,500.00
2. Medium OR	1,500.00
3. Minor OR	500.00
4. NSD (normal delivery)	700.00
5. High - risk Delivery	1,000.00
6. Dilatation and Curettage	1,000.00

7. Hysteroscopy	2,000.00
8. BTL (optional)	1,500.00
F.) Machine/ Equipment (per/ hr/use)	
1. Anesthesia machine	300.00/use
2. Cardiac monitor with central monitor	300.00/use
3. Colposcope w/ Leep Focus	800.00/use
4. Defibrillator	400.00/use
5. Electro Cautery	200.00/use
6. Fetal Monitor	350.00/use
7. Incubator w/ transport	400.00/use
8. Incubator w/o transport	300.00/use
9. Infusion pump	600.00/use
10. Ventilator	650.00/use
11. Suction machine portable/wall	20.00/40.00/use
12. Syringe pump	200.00/use
13. Pulse Oximeter	100.00/ use
14. Radiant heat unit	150.00/use
15. Laparoscopic machine	6,000.00/use
16. Phototherapy unit	200.00/use
17. Phaco machine (colposcope ophtha)	2,000.00 /use
18. ENT Mobile Treatment Unit	300.00/use
19. Mortuary Freezer	1,000.00/use
20. Bronchoscope	1,000.00/use
21. Operating Microscope	200.00/hr
22. Hysteroscope	800.00/use
G.) Gases	
1. O2 charges/ hr	36.00/hr
2. CO2 /hr	150.00/hr



H.) Others	
1. ECG	236.00
2. Blood transfusion insertion(w/o supplies)	70.00
3. Stomach lavage (w/o supplies)	119.00
4. Lumbar puncture (w/o supplies)	70.00
5. Application strap adhesive (w/o supplies)	42.00
6. Insulin shock treatment(w/o supplies)	84.00

HEMATOLOGY

Laboratory Determination	QCGH New Rate
CBC Automated	180.00
CBC Manual	100.00
ABO and RH	130.00
Bleeding Time	65.00
Cell Count	
Clotting Time	65.00
Differential Count	59.00
ESR	70.00
Hematocrit	65.00
Hemoglobin	70.00
Malarial Smear	70.00
PBS	75.00
Platelet Count	104.00
RBC Count	52.00
Reticulocyte Count	70.00
Toxic Granules	50.00
WBC Count	60.00

CLINICAL MICROSCOPY




Acetone and other Ketone	30.00
Fecalysis	40.00
Occult Blood	50.00
Scotch Tape Method	40.00
Sperm Analysis	160.00

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Urinalysis	45.00
Urine Albumin	40.00
Urine RBC	40.00
HBsAg	160.00
HCV	750.00
HIV	310.00
RPR	200.00
NSIAg	900.00
Dengue IgM and IgG	600.00

CLINICAL CHEMISTRY

Laboratory Determination	
Albumin	100.00
ALP	130.00
amylase	175.00
BUA	100.00
BUN	100.00
CA 15 - 3	1,000.00
CA 125	1,000.00
Calcium	105.00
CEA	700.00
Chloride	130.00
Cholesterol	125.00
CK - MB	350.00
CK - Total	190.00
Creatinine	105.00
CSF Protein	145.00
CSF Sugar	200.00
Direct Bilirubin	200.00
FSH	500.00
FT3	500.00
FT4	500.00
HBA 1c	700.00
HCG	500.00
HDL	250.00
LDL	280.00
LH	350.00
Potassium	150.00
Prothrombin Time	200.00
Protime	200.00
PSA	500.00


SGOT	155.00
SGPT	155.00
Sodium	150.00
FBS	140.00
T3	500.00
T4	500.00
Total Bilirubin	200.00
Triglycerides	160.00
Troponin 1	1,300.00
TSH	500.00

BACTERIOLOGY

Laboratory Determination	
Gram Staining	100.00
TMG	180.00
KOH	100.00
CULTURE AND SENSITIVITY	
Blood (automated)	987.00
Resp origin	300.00
Urine origin	300.00
Stool origin	300.00
CULTURE ONLY	
Blood (automated)	919.00
Resp origin	200.00
Urine origin	200.00
Stool origin	200.00
BLOOD BANK	
TUBE METHOD	
Blood typing ABO	100.00
Crossmatching	100.00
EMT	
Crossmatching	200.00
Ab Screening	300.00
Rh Typing	300.00
Gel Tech	
Blood typing ABO	300.00
Crossmatching + Blood typing	520.00

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HISTOPATHOLOGY

Laboratory Determination	Reading Fee	Processing Fee
Small Specimen (1 slide)	450.00	250.00
Med. Specimen (2-4 slides)	650.00	362.00
Large Specimen (5-9 slides)	850.00	400.00
X - Large Specimen (> 10 slides)	1,300.00	900.00
Rush Frozen Section	2,500.00	1,000.00
Cervical Cytology	108.00	90.00
FNAB (min. of 3 slides)	108.00	90.00

RADIOLOGY DEPARTMENT -ULTRASOUND

Examination	Procedure	Prof. Fee
Cranial	500.00	150.00
Any single origin	500.00	150.00
HBT	800.00	240.00
Upper Abdomen (L,GB,P,S)	900.00	270.00
Lower Abdomen (K,UB,P) Male	800.00	240.00
(KUB,UT,Ovary) Female	850.00	255.00
Whole Abdomen	1,250.00	375.00
Transvaginal	650.00	195.00
Transrectal	600.00	180.00
Scrotal	500.00	150.00
Scrotal with Doppler	650.00	195.00
Pelvic OB	500.00	150.00
BPS	650.00	195.00
Carotid	2,000.00	600.00
Peripheral Venous (Lower Ext)	2,000.00	600.00
Artery (Lower Ext)	2,000.00	600.00
Peripheral Venous/ Artery	3,500.00	1,050.00
2D - ECHO	2,500.00	
Troracentesis UTZ Guided	500.00	
Paracentesis UTZ Guided	500.00	
Biopsy UTZ Guided	500.00	

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CT SCAN		
Procedures/ Examination	Hospital Rate	Prof. Fee
Cranial: plain/ contrast	2,700.00	540.00
Cranial: w/ 3D Reconstruct	3,150.00	630.00
Chest Plain	2,700.00	540.00
Chest w/ Contrast	2,790.00	558.00
Mandible/ Neck	3,600.00	720.00
w/ 3D Reconstruct	3,240.00	648.00
Mastoid	3,150.00	630.00
PNS	2,790.00	540.00
Temporal Bone	2,790.00	540.00
Nasopharynx	2,970.00	594.00
Facial Bone	3,600.00	720.00
w/ 3D Reconstruct	4,050.00	810.00
Thoracic Spine	3,150.00	630.00
Lumbosacral	3,150.00	630.00
Whole Abdomen	5,580.00	1,116.00
Upper Abdomen	3,150.00	630.00
Lower Abdomen	3,150.00	630.00
Extremities	2,610.00	522.00
Pelvis	3,150.00	630.00
CT Localization Only	2,000.00	400.00
CT Guided Biopsy w/ o previous scan	7,200.00	1,140.00
Adrenals	3,240.00	648.00
CT Angiography (Brain)	8,100.00	1,620.00
CT Angiography (Pulmonary)	8,100.00	1,620.00
CT Angiography (Renal)	8,100.00	1,620.00
CT Angiography (Thoracic Aorta)	9,900.00	1,980.00
CT Angiography (Abdominal Aorta)	9,900.00	1,980.00
Stonogram	6,552.00	1,310.00
CT Angio	7,650.00	1,530.00
Virtual Bronchoscopy	6,000.00	1,800.00
Virtual Colonoscopy	6,000.00	1,800.00

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X - RAY EXAMINATION ADULT		PRICE
Chest	PA	117.00
TMG	AP or PA/ Lateral	234.00
Abdomen	Upright/ supine	234.00
Skull	AP/ Lateral	234.00
	Series (AP/ R and Lateral/ Townes	468.00
Orbits	Caldwells/ R and L Oblique	234.00
Mastoids	Townes/ Laws/ Stenvers or Mayers	351.00
Paranasal Sinuses (PNS)	Watres/ Caldwell's/ Lateral	351.00
Soft Tissue Lateral Nose (STL - NOSE)	Watres/ R and L lateral	234.00
Temporo-Mandibular Joint (TMJ)	R and L oblique	351.00

Mandible	PA or AP/ R and L oblique/ SMV	468.00
Zygoma or Cheek Bone	Townes/ SMV	234.00
Cervical Spine	AP/ Lateral	234.00
	Series (AP/ Lateral/ R and L oblique/ Open mouth)	585.00
Thoracic Spine (TS)	AP/ Lateral	234.00
	Series (AP/ Lateral/ R and L oblique	468.00
Lumbar Spine	AP/ Lateral	234.00
	Series (AP/ Lateral/ R and L oblique	468.00
Lumbo-sacral Spine (LS)	AP/ Lateral	234.00
	Series (AP/ Lateral/ R and L oblique	468.00
Coccyx	AP/ Lateral	234.00
Clavicle	AP	117.00
Shoulder Joint	AP	117.00
	Series (AP/ Internal and External Rotation	234.00
	Bilateral Series (AP/ Internal and External Rotation	351.00

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Arm/Elbow/ Forearm	AP/Lateral	117.00
Wrist	PA/Lateral	117.00
Hand or Digits	PA/Oblique	117.00
Thoracic or Rib Cage	AP	117.00
	Series (AP/R and L, Oblique	351.00
Sternum	AP	117.00
Scapula	AP/Lateral	234.00
Pelvis	AP	117.00
Hip Joint	AP/Lateral or Frog Leg	234.00
Femur/Thigh	AP/Lateral	234.00
Leg	AP/Lateral	117.00
Knee Joint/ Ankle Joint	AP/Lateral Watres/Caldwells/ Lateral	117.00
Foot	AP/ oblique	117.00
Scoliosis Study	AP/Lateral/R and L Bending	468.00

X - RAY EXAMINATION PEDIA		PRICE
Chest	AP or PA	150.00
	AP or PA/Lateral	250.00
Abdomen	Upright/Supine/Lateral	350.00
Skull	AP/Lateral	250.00
	Series (AP/R and L Lateral /Townes	500.00
Zygoma or Cheek	Townes	150.00
Cervical Spine	AP/Lateral	250.00
Thoracic Spine (TS)	AP/Lateral	250.00
Lumbar Spine	AP/Lateral	250.00

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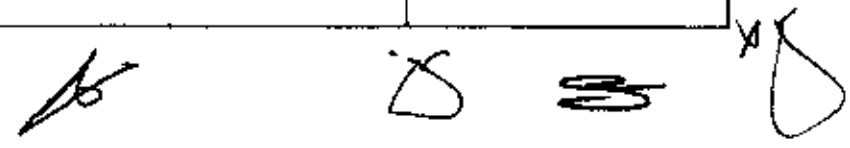
Lumbo-sacral Spine (LS)	AP/ Lateral	250.00
Coccyx	AP/ Lateral	250.00
Clavicle	AP	150.00
Shoulder Joint	AP	150.00
Arm/ Elbow/ Forearm	AP/ Lateral	150.00
	Both extremities (PA/ Lateral)	250.00
Wrist	PA/ Lateral	150.00
	Both extremities (PA/ Lateral)	250.00
Hand or Digits	PA/ Oblique	150.00
	Both extremities (PA/ Lateral)	250.00
Thoracic or Rib Cage	AP	150.00
	Series (AP/ Lateral/ R and L oblique)	350.00
Sternum	AP	150.00
Scapula	AP/ Lateral	250.00
Pelvis	AP	150.00
Hip Joint	AP/ Lateral	150.00
Femur/ Thigh	AP/ Lateral	150.00
	Both extremities (PA/ Lateral)	250.00
Leg	AP/ Lateral	150.00
	Both extremities (PA / Laterral)	250.00
Knee Joint/ Ankle Joint	AP/ Lateral	150.00
Foot	AP/ Oblique	150.00
Scoliosis Study		
Babygram	AP	150.00
Skeletal Survey		

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OPHTHALMOLOGIC PROCEDURES	
PROCEDURES	PROPOSED COST
1. Fluorescein Angiography:	
<i>Procedures Fee:</i>	2,000.00
<i>Reader's Fee:</i>	300.00
2. Fundus Photography:	
<i>Fee for both eyes:</i>	600.00
3. Retinal Optical Coherence Tomography:	
<i>Fee for both eyes:</i>	1,000.00
<i>Reader's Fee:</i>	300.00
4. Glaucoma Optical Coherence Tomography:	
<i>Fee for both eyes:</i>	1,000.00
<i>Reader's Fee:</i>	300.00
5. Anterior Segment Optical Coherence Tomography:	
<i>Fee for both eyes:</i>	1,000.00
<i>Reader's Fee:</i>	300.00
6. A - Scan Ocular Ultrasound:	
<i>Fee for both eyes:</i>	400.00
7. B - Scan Ocular Ultrasound:	
<i>Fee for both eyes:</i>	1,000.00
<i>Reader's Fee:</i>	500.00
8. Ultrabiomicroscopy:	
<i>Fee for both eyes:</i>	900.00
<i>Reader's Fee:</i>	500.00
9. Farnsworth Munsell Color Vision	
<i>Procedures Fee:</i>	500.00
<i>Reader's Fee:</i>	200.00
10. Operating Microscope with Video Monitor:	
	500.00/hour

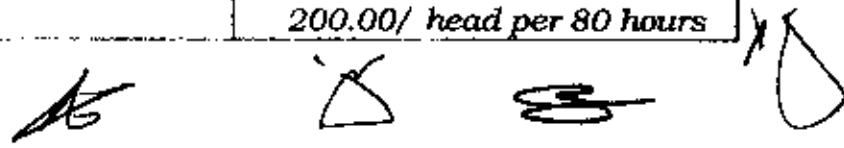
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11. Autorefraction	
Procedures Fee:	100.00
12. Keratometry	
Procedures Fee:	100.00
13. Pachymetry (4 in 1)	
Procedures Fee:	100.00
14. Non - contact Tonometry	
Procedures Fee:	100.00
15. Stereo Vision Test using Stereo Titmus Fly Test:	
Procedure Fee:	200.00
Reader's Fee:	100.00
16. Surgical Loupe with LED Headlight:	
	200.00/ hour
17. Visual Field Examination using Humphrey	
Visual Field Analyzer:	
Fee for both eyes:	1,200.00
Reader's Fee:	300.00
18. Glucoma Diagnostic Package:	
Fee for both eyes:	3,500.00
Reader's Fee:	500.00
19. Retina Diagnostic Package:	
Fee for both eyes:	3,500.00
Reader's Fee:	500.00
20. Cataract Diagnostic Package:	
Ultrasound 4 in 1:	
A-Scan (Ref, Kera, Pachy/Tono) Fee for both eyes	600.00



EARS, NOSE THROAT DEPARTMENT PROCEDURES	
PROCEDURES	PROPOSED COST
1. TMJ reduction	150.00
2. FNAB / Punch/ Incision Biopsy	100.00
3. I and D	100.00
4. Nasal bone reduction	200.00
5. Nasal decongestion/ suctioning (includes meds. and materials)	100.00
6. Endoscopy (laryngeal, nasal, flexible)	100.00
7. Ear cleaning	60.00
8. FB removal	100.00
9. Audiometry	100.00
10. Tympanometry	50.00
11. New hearing screening	200.00

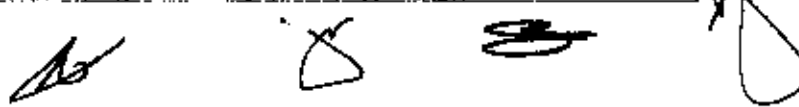
MEDICAL TRAINING SERVICES	
Medical Clerks/ Junior Interns	150.00/ head per 15 days
Medical Students (2nd year/ 3rd year)	150.00/ head per 15 days
Student Nurse	200.00/ head per 48 hours
Nursing Assistant	150.00/ head per 80 hours
Nursing Attendant Students	150.00/ head per 80 hours
Midwifery Students	150.00/ head per 80 hours
Caregiver Students	150.00/ head per 80 hours
Physical Therapy	200.00/ head per 80 hours



Occupational Therapy	200.00/ head per 80 hours
Medical Technologist	200.00/ head per 80 hours
Radio. Technologist	200.00/ head per 80 hours
Pharmacy Interns	200.00/ head per 80 hours
Post - Graduate Trainees/ OJT (Nurse, NA, CG)	800.00/ head per month
Post - Graduate Trainees for Special/ Elective Area	800.00/ head per month
Psychology Students	150.00/ head per 40 hours
Non - Medical Student	150.00/ head per 40 hours
Administration	150.00/ head per 40 hours
Secretariat and other Office - Related Course	150.00/ head per 40 hours
Resident Physician Rotators	400.00/ head per 40 hours

PHYSICAL THERAPY TREATMENT	
Basic Therapy	50.00
Ultrasound (per area)	50.00
Paraffin Wax Bath (per area)	40.00
Infrared Radiation (per area)	20.00
ES/ TENS/ FES (per limb)	40.00
Hot Moist Pack	50.00
Pedal Exercises	20.00
Wobble Board	20.00
Dumbbells	20.00
Ankle Weight	20.00
Exercise Ball	20.00
Traction	60.00

PSYCHIATRY DEPARTMENT	
Neuropsychological Test	1,000.00
Neuropsychological Test and Entire PE	1,500.00



DENTAL TREATMENT	
<i>I. Extraction Excluding Dental Anesthesia</i>	
<i>a. Simple Extraction</i>	50.00
<i>b. Complicated Extraction</i>	130.00
<i>II. Restoration</i>	
<i>a. Temporary Filling</i>	50.00
<i>b. Permanent Filling</i>	
<i>i. Composite without curing</i>	75.00
<i>ii. Composite with curing</i>	150.00
<i>III. Prophylaxis and Gum Treatment per session</i>	
<i>a. Mild</i>	50.00
<i>b. Moderate</i>	75.00
<i>c. Heavy</i>	100.00
<i>IV. Prophylaxis with Fluoride</i>	100.00
<i>V. Oral Examination</i>	20.00
<i>VI. Dental X - Ray</i>	
<i>a. Periapical X- Ray</i>	160.00
<i>b. Panoramic X - Ray</i>	500.00

MEDICAL RECORDS SERVICES	
<i>Document Verification per page, per copy with issuance of certified true copies</i>	50.00
<i>Birth Certificate Verification per page, per copy</i>	50.00
<i>Death Certification Verification per page, per copy</i>	50.00
<i>Certification of No Records</i>	50.00
<i>Photocopy of Document on file, per page</i>	20.00
<i>Medico - Legal Certification</i>	30.00
<i>Medical Certification</i>	30.00

MISCELLANEOUS FEES	
<i>Ambulance Fee</i>	500.00 for the first kilometers plus
	100.00 for additional kilometers
<i>Electric Fan</i>	150.00 per day
<i>Television</i>	250.00 per day
<i>Electronic Gadgets (Laptops, Tablets etc.)</i>	100.00 per day




SECTION 2. SEPARABILITY CLAUSE – *If any part of this reason by a court of competent jurisdiction, the remaining parts hereof which are unaffected by the declaration shall continue in full force and effect.*


SECTION 3. REPEALING CLAUSE – *All ordinances, rules and regulations or parts thereof, which are in conflict with the provisions in this Ordinance are hereby deemed repealed or modified accordingly.*

SECTION 4. EFFECTIVITY – *This ordinance shall take effect immediately upon its approval.*

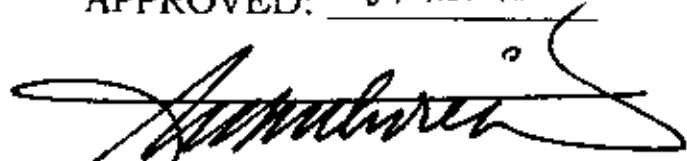
ENACTED: September 1, 2014.


MA. JOSEFINA G. BELMONTE
Vice Mayor
Presiding Officer

ATTESTED:



Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III

APPROVED: 04 NOV 2014


HERBERT M. BAUTISTA
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on September 1, 2014 and was PASSED on Third/Final Reading on September 8, 2014.


Atty. JOHN THOMAS S. ALFEROS III
City Gov't. Asst. Dept. Head III 