



Republic of the Philippines
QUEZON CITY COUNCIL

Quezon City
18th City Council

PO2012-105

83rd Regular Session.

ORDINANCE NO. SP- 2211 , S-2013

AN ORDINANCE AMENDING ORDINANCE NO. SP-91, S-93, OTHERWISE KNOWN AS THE QUEZON CITY REVENUE CODE, AS AMENDED, BY PROVIDING FOR A REVISED/NEW HOSPITAL CHARGES FOR EXISTING AND NEW LABORATORY EXAMINATIONS.

Introduced by Councilors JESSICA CASTELO DAZA, FRANCISCO A. CALALAY, JR., DOROTHY A. DELARMENTE, ANTHONY PETER D. CRISOLOGO, RICARDO T. BELMONTE, JR., JOSEPH P. JUICO, ALEXIS R. HERRERA, PRECIOUS HIPOLITO CASTELO, ALFREDO D. VARGAS III, EDEN "Candy" A. MEDINA, JULIENNE ALYSON RAE V. MEDALLA, RODERICK M. PAULATE, GODOFREDO T. LIBAN II, JULIAN ML. COSETENG, ALLAN BENEDICT S. REYES, JAIME F. BORRES, JOSE MARIO DON S. DE LEON, GIAN CARLO G. SOTTO, EUFEMIO C. LAGUMBAY, JESUS MANUEL C. SUNTAY, RAQUEL S. MALANGEN, VINCENT DG. BELMONTE, MARVIN C. RILLO, IVY LIM-LAGMAN, RANULFO Z. LUDOVICA and JOHN ANSELL R. DE GUZMAN.

WHEREAS, Republic Act No. 7160, otherwise known as the "Local Government Code of 1991", authorizes 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 of 1991 empowers the local government units to impose and collect such reasonable fees and charges for services rendered;

WHEREAS, the existing fees and charges imposed nine (9) years ago under Ordinance No. SP-1452, S-2004, are already inadequate to deliver an effective hospital services;

WHEREAS, it is imperative to adjust fees and charges to meet the spiraling cost of various hospital services.

NOW, THEREFORE,

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

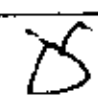
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SECTION 1. AMENDMENT - Section 188 under Article 48 (HOSPITAL CHARGES) of Ordinance No. SP-91, S-93, as amended, is hereby further amended, to read as follows:

Section 188. Imposition of Charges. - The rate of fees prescribed herein shall be charged by the Quezon City General Hospital:

A.) Room accommodation rate/day	QCGH NEW RATE
Suite room (32" LED, 4.5cuft. ref., Couch Sofa)	1,500.00
2. Single private room (w/ aircon, CR, & 3-seater monoblock sofa)	1,300.00
3. Service ward	500.00
4. Oncology Chemo room	800.00
5. Isolation room	500.00
6. 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
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 Injections (IM, SC, intra-dermal)	30.00
4. IV insertion (cut down) excluding cannula & 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







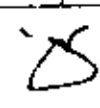


9. ETT insertion	100.00
10. Foley catheter/NGT insertion	90.00/60.00
11. Suctioning portable/ wall	16.00/18.00
E.) OR/DR/ procedures*	
1. Major OR	3,500.00
2. Medium OR	1,500.00
3. Minor OR	500.00
4. NSD (normal delivery)	700.00
5. High-risk Delivery	1,000.00
6. Dilatation & Curettage	1,000.00
7. Hysteroscopy	2,000.00
8. BTL (optional)	1,500.00
F.) Machine/ Equipment (per/hr/use)	
1. Anesthesia machine	300.00/use
2. Cardiac monitor w 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/P40.00/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/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/hr
H.) Others	
1. ECG	100.00/use

HEMATOLOGY

<i>Laboratory Determination</i>	QCGH (proposed)
<i>CBC Automated</i>	180
<i>CBC Manual</i>	100
<i>ABO and RH</i>	130
<i>Bleeding Time</i>	65
Cell Count	
<i>Clotting Time</i>	65
<i>Differential Count</i>	59
<i>ESR</i>	70
<i>Hematocrit</i>	65
<i>Hemoglobin</i>	70
<i>Malarial Smear</i>	70
<i>PBS</i>	75
<i>Platelet Count</i>	104
<i>RBC Count</i>	52
<i>Reticulocyte Count</i>	70
<i>Toxic Granules</i>	50
<i>WBC Count</i>	60

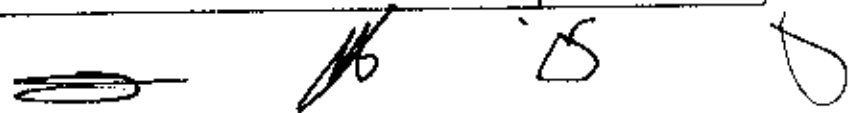
CLINICAL MICROSCOPY

<i>Acetone and other Ketone</i>	30
<i>Fecalysis</i>	40
<i>Occult Blood</i>	50
<i>Scotch Tape Method</i>	40
<i>Sperm Analysis</i>	160
<i>Urinalysis</i>	45
<i>Urine Albumin</i>	40
<i>Urine RBC</i>	40
<i>HBsAg</i>	160
<i>HCV</i>	750
<i>HIV</i>	310
<i>RPR</i>	200
<i>NS1Ag</i>	900
<i>Dengue IgM & IgG</i>	600

CLINICAL CHEMISTRY

<i>Laboratory Determination</i>	
Albumin	100
ALP	130
Amylase	175
BUA	100
BUN	100
CA 15-3	1000
CA125	1000
Calcium	105
CEA	700
Chloride	130
Cholesterol	125
CK-MB	350
CK-Total	190
Creatinine	105
CSF Protein	145
CSF Sugar	200
Direct Bilirubin	200
FSH	500
FT3	500
FT4	500
HBA1c	700
HCG	500
HDL	250
LDL	280
LH	350
Potassium	150
Prothrombin Time	200
Prottime	200
PSA	500
SGOT	155
SGPT	155
Sodium	150
FBS	140
T3	500
T4	500
Total Bilirubin	200
Triglycerides	160
Troponin I	1300
TSH	500



BACTERIOLOGY

Laboratory Determination	
Gram Staining	100
TMG	180
KOH	100
CULTURE AND SENSITIVITY	
Blood (automated)	987
Resp origin	300
Urine origin	300
Stool origin	300
CULTURE ONLY	
Blood (automated)	919
Resp origin	200
Urine origin	200
Stool origin	200
BLOOD BANK	
TUBE METHOD	
Blood typing ABO	100
Crossmatching	100
EMT	
Crossmatching	200
Ab Screening	300
Rh Typing	300
Gel Tech	
Blood typing	300
Crossmatching + Blood typing	520

HISTOPATHOLOGY

Laboratory Determination	READING FEE	PROCESSING FEE
Small Specimen (1 slide)	450	250
Med. Specimen (2-4 slides)	650	362
Large Specimen (5-9 slides)	850	400
x-Large Specimen (> 10 slides)	1300	900
Rush Frozen Section	2500	1000
Cervical Cytology	108	90
FNAB (min. of 3 slides)	108	90

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Radiology Department-Ultrasound

Examination	Procedure	Professional fee
cranial	500.00	150.00
any single organ	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	
Thoracentesis UTZ Guided	500.00	
Paracentesis UTZ Guided	500.00	
Biopsy UTZ Guided	500.00	

CT SCAN

Procedure/ 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 Reconstruction	3,240.00	648.00
Mastoid	3,150.00	630.00
PNS	2,790.00	540.00
Temporal Bone	2,790.00	540.00

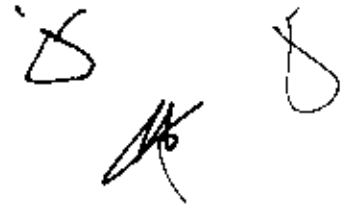
Nasopharynx	2,970.00	594.00
Facial Bone	3,600.00	720.00
w/ 3D Reconstruction	4,050.00	810.00
Thoracic Spine	3,150.00	630.00
Lumbosacral	3,150.00	630.00
Whole Abdomen	5,580.00	1,116.00
Upper Abdomen	3,150.00	630.00
Lower Abdomen	3,150.00	630.00
Extremities	2,610.00	522.00
Pelvis	3,150.00	630.00
CT Localization 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

X-RAY EXAMINATION	ADULT	PRICE
CHEST	PA	117.00
	AP or PA/ Lateral	234.00
ABDOMEN	Uprigh/ Supine	234.00
SKULL	AP/ Lateral	234.00
	Series (AP/ R and L lateral/ Townes)	468.00

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ORBITS	Caldwells/ R and L Oblique	234.00
MASTOIDS	Townes/ Laws/ Stenvers or Mayers	351.00
PARANASAL SINUSES (PNS)	Waters/ Caldwell's/ Lateral	351.00
SOFT-TISSUE LATERAL NOSE (STL-NOSE)	Waters/ R and L lateral	234.00
TEMPORO- MANDIBULAR JOINT (TMJ)	Townes/ 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
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 JOINTS	AP/ Lateral or Frog Leg	234.00
FEMUR or THIGH	AP/ Lateral	234.00
LEG	AP/ Lateral	117.00
KNEE JOINT/ ANKLE JOINT	AP/ 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 Bone	Townes	150.00
CERVICAL SPINE	AP/ Lateral	250.00
THORACIC SPINE (TS)	AP/ Lateral	250.00
LUMBAR SPINE	AP/ Lateral	250.00
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/Oblique)	250.00
THORACIC OR RIB CAGE	AP	150.00
	Series (AP/R and L oblique)	350.00
STERNUM	AP	150.00
SCAPULA	AP/Lateral	250.00
PELVIS	AP	150.00
HIP JOINTS	AP	150.00
FEMUR or THIGH	AP/Lateral	150.00
	Both extremities (AP/Lateral)	250.00
LEG	AP/Lateral	150.00
	Both extremities (AP/Lateral)	250.00
KNEE JOINT/ ANKLE JOINT	AP/Lateral	150.00
	Both extremities (AP/Lateral)	250.00
FOOT	AP/Oblique	150.00
	Both extremities (AP/Oblique)	250.00
SCOLIOSIS STUDY		
BABYGRAM	AP	150.00
SKELETAL SURVEY		

SECTION 2. REPEALING CLAUSE - All ordinances, rules and regulations or parts thereof, which are in conflict with the provisions of this Ordinance are hereby repealed or modified accordingly.





83rd Regular Session


Ord No. SP. 2211 S-2013

SECTION 3. EFFECTIVITY - This ordinance shall take effect immediately upon its approval.

ENACTED: March 11, 2013


MA. JOSEFINA G. BELMONTE
Vice Mayor
Presiding Officer

ATTESTED:



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

APPROVED: 24 MAY 2013


HERBERT M. BAUTISTA
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on March 11, 2013 and was PASSED on Third/Final Reading on April 22, 2013.


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