

FILE

A-113-A
PROV. ORDINANCE

Republic of the Philippines
PROVINCE OF BENGUET
La Trinidad
OFFICE OF THE SANGGUNIANG PANLALAWIGAN

OFFICE OF THE PROVINCIAL HEALTH OFFICER
RECEIVED
5/31/21
La Trinidad, Province of Benguet

REGULAR MEETING – May 10, 2000

- PRESENT:**
- HON. ROBERT M. TINDA-AN, Provincial Vice-Governor, Presiding Officer
 - HON. MARVIN D. ATOS, Board Member
 - HON. LISO L. AGPAS, Board Member
 - HON. FRANCISCO E. GOLINGAB, JR., Board Member
 - HON. FERNANDO M. ARITAO, Board Member
 - HON. MANUEL C. CUILAN, Board Member
 - HON. DANIO L. BOLISLIS, Board Member
 - HON. ALBERT D. MAYAMNES, Board Member
 - HON. SARIO M. COPAS, Board Member
 - HON. CONCEPCION D. BALAO, PCL President, Member
 - HON. BONY L. TACIO, Liga ng mga Barangay President, Member
 - HON. REDENTOR P. EDOC, SKF President, Member
- ABSENT:** NONE

PROVINCIAL TAX ORDINANCE NO. 00 - 63

AN ORDINANCE REGULATING AND FIXING THE RATE OF HOSPITAL CHARGES AND FEES IN THE BENGUET GENERAL HOSPITAL AMENDING FOR THE PURPOSE SECTION 1 OF PROVINCIAL TAX ORDINANCE NO. 97 - 32

EXPLANATORY NOTE

“Whereas, submitted to this Body for action is an updated rate of hospital charges and fees recommended by the Benguet General Hospital and Provincial Health Office Employees considering that the hospital has a new building and facilities donated by the Government of Japan.

On motion of Hon. Liso L. Agpas duly seconded,

Be it Ordained by the Sangguniang Panlalawigan of Benguet in Session Assembled, that:

Section 1. Section 1 of Provincial Tax Ordinance No. 97-32 is hereby amended and new section is inserted, all to read as follows:

“Section 1. Imposition of Hospital Charges and Fees. These shall be imposed in all hospital owned and operated by the Provincial Government of Benguet, the following charges and fees, to wit:

(Handwritten signatures and initials)

1.1 - Benguet General Hospital

1. ROOM RATES

- a. Private Room (Single Bed) P 600.00/day
- b. Semi-Private (2 Beds) 400.00/day
- c. Semi-Private (4 Beds) 350.00/day
- d. ICU-CCU 500.00/day
- e. NICU/Septic Nursery 100.00/day
- f. Training Rooms:
 - f.1) Seminar Room (12 x) 250.00/day
 - f.2) Seminar Room (5.5x) 100.00/day
 - f.3) Seminar Room (12 x)² 650.00/day
- g. Consultants Room (12) 5,000.00/mo.
- h. Operating Rooms (based on PHIC/Medicare rates)

	Surgeon's Fee	Anesthesiologist's Fee	OR Fee
Abortion D & C	1,120.00	336.00	390.00
Appendectomy	2,660.00	798.00	500.00
Baker's Cyst Exc.	2,240.00	672.00	500.00
Breast Biopsy	280.00	84.00	390.00
Breech Extraction	1,120.00	360.00	390.00
CS Low Cervical (LCCS)	3,920.00	1,176.00	1,290.00
CS Classical (LSCS)	3,640.00	1,092.00	1,290.00
Caldwell (unilateral/bilateral)	3,360.00	1,080.00	1,290.00
Cholecystectomy	4,060.00	1,218.00	1,290.00
Cholecystectomy w/ common duct exploration	4,760.00	1,428.00	1,290.00
Cholecystectomy w/ Cholangiography	4,200.00	1,260.00	1,290.00
Cholecdochotomy	5,600.00	1,680.00	1,290.00
Circumcision	280.00	84.00	390.00
Cystectomy partial	5,040.00	1,512.00	1,290.00
Cystoscopy	560.00	168.00	390.00
Cystotomy	3,360.00	1,080.00	1,290.00
Debridement	1,680.00	504.00	390.00
Ectopic Pregnancy ruptured	3,920.00	1,176.00	1,290.00
Excision	418.00	134.40	390.00
Exploratory Laparotomy	2,800.00	840.00	500.00
F.B. removal, buried, wire, pin, screw, nail, plate, superf.	1,680.00	504.00	390.00
Fibroadenoia exc. Breast unil.	1,680.00	504.00	390.00
Fibroadenoia exc. Breast bil.	1,960.00	588.00	500.00

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	Surgeon's Fee	Anesthesiologist's Fee	OR Fee
Hemorrhoidectomy	1,960.00	588.00	500.00
Hernia, repair idapharagmatic	4,760.00	1,428.00	1,290.00
Umbilical Hernia	2,380.00	714.00	500.00
Hernia, repair femoral	2,520.00	756.00	500.00
Hernia repair inguinal/unilateral	2,520.00	756.00	500.00
Hernia repair inguinal/bilateral	3,360.00	1,080.00	1,290.00
Hernia repair inguinal with Orchiectomy/ Variocelectomy/hydrocoelectomy	2,660.00	798.00	500.00
Hysterectomy, TAH	4,480.00	1,344.00	1,290.00
Myoma Uteri/polyp	4,480.00	1,344.00	1,290.00
Lacerated Wound sup.	280.00	84.00	390.00
Lacerated Wound deep	448.00	134.00	390.00
Mastectomy, unilateral	2,240.00	672.00	500.00
Mastectomy, bilateral	2,800.00	840.00	500.00
Mastectomy, partial unilateral	2,240.00	672.00	500.00
Mastectomy, simple bilateral	2,240.00	672.00	500.00
Mastectomy, radical	3,360.00	1,080.00	1,290.00
Salpingectomy	3,360.00	1,080.00	1,290.00
Salphingo-Oophorectomy	3,360.00	1,080.00	1,290.00
Thyroidectomy total	4,480.00	1,344.00	1,290.00
Thyroidectomy sub-total	4,480.00	1,344.00	1,290.00
Thyroid, Cyst Axc.	2,660.00	798.00	500.00
Thyroid, lobectomy Exc.	4,480.00	1,344.00	1,290.00
Prostatectomy	5,600.00	1,680.00	1,290.00
Nephrectomy	5,600.00	1,680.00	1,290.00
VSC - Prof. Fee - 200.00			
BTL – Medicines – 500.00			

i. Delivery Room Fee P 390.00/use

2. REGISTRATION/DOCUMENTATION FEES

- a. OPD Registration P 10.00
- b. In Patient Registration/Admission 30.00
- c. Emergency Room Registration 20.00

3. OPD / ER / WARD Fees

- a. Injections 10.00/shot
- b. Dressing w/o Supplies 10.00
- c. Secretarial Fees (Medico-legal & Medical Certificates, etc.) 20.00
- d. Nebulizing Fee 10.00

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e.	Suturing	P	20.00
f.	EKG		80.00
g.	Incubator		100.00/day
h.	Phototherapy		50.00/hour
i.	Intensive Care System		50.00/use
j.	Radiant Warmer (External)		30.00/hour
k.	Transport Incubator		50.00/use
l.	Bed Warmer		30.00/hour
m.	Bilirubinometer		100.00/use
n.	Nursery Fee (Septic / NICU)		50.00/day

4. LABORATORY FEES

A. Blood Chemistry

a.)	FBS	P	85.00
b.)	BUN		70.00
c.)	Cholesterol		70.00
d.)	Creatinine		70.00
e.)	Uric Acid		70.00
f.)	ALT		95.00
g.)	AST		95.00
h.)	Alkaline Phosphatase		95.00
i.)	Triglycerides		110.00
j.)	Total Protein		70.00
k.)	Total Bilirubin		95.00
l.)	Chloride		70.00
m.)	CO 2		95.00
n.)	Na		95.00
o.)	K		95.00
p.)	HDL Cholesterol		135.00
q.)	Acid Phosphatase		95.00

B. Immunology

a.)	VDRL	P	95.00
b.)	FTA – ANS		100.00
c.)	WIDAL or Well Felix Test		150.00
d.)	Hepatitis, Serum Markers:		
d.1)	HBaAC (EIA)		135.00
d.2)	HBaSG (RPHA) w/ Adorption		135.00
d.3)	Anti-BHs		150.00
d.4)	Anti-HBC		160.00
d.5)	Package		
5.1	2 Markers (HBeG) HBeAG Anti-HBc		300.00
5.2	3 Markers (HBsAG) Anti-HBe		400.00

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5.3 4 Markers (HBsAG) HBeAG/ Anti-HBe, Anti-HBS, Anti-HBC	600.00
d.6) Hepatitis A: Anti-HAV 1 gm	250.00
d.7) Hepatitis C – HCV	400.00
d.8) HIV Anti-body:	
8.1) HIV AB (EIA)	200.00
8.2) HIV (PA)	150.00
8.3) HIV Ab Supplemental (AB)	800.00

C. Hematology

a.) ABO Typing	45.00
b.) RH Typing	75.00
c.) Full red cell Pheno-Typing	500.00
d.) Red Cell (Anti-body) Determination	300.00
e.) Direct Comb's Test	60.00
f.) Indirect Comb's Test	60.00
g.) CBC (Complete Blood Count)	65.00
h.) ESR	35.00
i.) Bleeding Time/Clotting Time	60.00
j.) Thrombocyte count/Platelet	95.00
k.) Reticulocyte	60.00
l.) Malaria/Trypanosoma Detection	60.00
m.) Evaluation of Peripheral Smear	120.00
n.) Prothrombin Time	95.00
o.) Activated Partial Thromboplastine	135.00
p.) LE Cell Preparation	95.00

D. Special Test

a.) Osmotic Fragility	95.00
b.) Ham's Test	60.00

E. Special Staining

a.) Peroxidase	50.00
b.) LAP	50.00
c.) Sudan Black	50.00
d.) Dual Exterase	50.00

F. Parasitology

a.) Routine Stool Examination	35.00
b.) Direct Fecal Smear NSS	45.00
b.1) Iodine Mount	50.00
b.2) Kato Thick Smear	50.00

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- c.) Special Examination
 - c.1) Formal in Ether - subject to cost
 - c.2) Methiolate – Iodine - subject to cost
 - c.3) Formalin Concentration - subject to cost
- d.) Scrologival Examination
 - d.1) Filaria Stain Smear P 65.00
 - d.2) Schistosomiasis COLT - subject to cost
- e.) Occult Blood 45.00

G. Bacteriology

- a.) Acid Fast Stain Smear 60.00
- b.) Acid Fast Bacili Culture 95.00
- c.) Gram Stain 60.00
- d.) Bacterial Culture and Sensitivity 150.00
- c.) Isolation & Identification of:
 - c.1) Enteropathogenic coli 120.00
 - c.2) Campylobacter 120.00
 - c.3) Aeromonas 120.00
 - c.4) Pseudomonas 120.00
 - c.5) Yersinia 120.00

H. Special Identification From Bacterial Isolates for

- a.) Salmonella P 120.00
- b.) Shigella 120.00
- c.) Vibrio Cholera 120.00
- d.) Vibrio Parahemolyticus 120.00

I. Anatomicpathology

- a.) Cytology 50.00
- b.) Surgical Pathology 75.00
- c.) Special Stain
 - c.1) Wilder Method for Reticulum 50.00
 - c.2) Kinyoum's Method for ARD - subject to cost
 - c.3) Comori's Method for Reticulum 50.00
- d.) Referral Professional Fee
 - d.1) Cytology 100.00
 - d.2) Surgical w/ 1-2 Slide 150.00
 - d.3) Surgical w/ multiple slide 200.00

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J. CLINICAL MICROSCOPY

a.)	Routine Urinalysis	P	35.00
b.)	Special Test		
	b.1) Bile Test		50.00
	b.2) Urinary Calculi Analysis		65.00
c.)	Urobilinogen		60.00
d.)	Strip		45.00

K. OTHER TEST

a.)	Pregnancy Test	135.00
b.)	Sperm Analysis	100.00
c.)	Paps Smear	50.00
d.)	CSF	100.00
e.)	KOH	45.00

L. WATER ANALYSIS

a.)	BOD	500.00/sample
b.)	Physical and Chemical Exam	165.00
c.)	Water Bacteriology	70.00/ parameter
d.)	Waste Water	70.00
e.)	Bacterial density Plate Count	P300.00+100.00/ sample
d.)	Particulate Sampling Testing (Microscopic)	P200.00+100.00/ sample

5. DENTAL FEES:

a.)	Extraction/Tooth	P	40.00 (excluding anesthesia)
b.)	Permanent Filling/Tooth		
	b.1) Molars		100.00
	b.2) Anterior		100.00
	b.3) Impaction		500.00
c.)	Light Cure Filling		150.00
d.)	Panoramic X-ray		250.00
e.)	Periopal		80.00
f.)	Prophylaxis		100.00

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6. X-RAY FEES:

a. Head		
a.1	Skull APL	P 110.00
a.2	Mastoids (3 views)	210.00
a.3	Optic Foramen (R & L)	265.00
a.4	PNS (3 views)	260.00
a.5	Orbit (2 views)	130.00
a.6	Maxilla Mandible (2 views)	115.00
a.7	Nasal Bone (2 views)	100.00
a.8	Temporomandibular Joint (4 views)	190.00
a.9	Zygoma	140.00
a.10	Facial Bones	145.00
b. Neck		
b.1	Soft Tissue (2 views)	120.00
b.2	Foreign Body (2 views)	120.00
c. Thoracic Contents		
c.1	Heart and Lungs 1 view	100.00
	Adult 2 views	200.00
	Pedia 2 views	160.00
c.2	Apicogram (Lordosis) 1 view	90.00
c.3	Cardiac Series	230.00
d. Vertebral Column		
d.1	Cervical	130.00
d.2	Thoracic	200.00
d.3	Lumbar	200.00
d.4	Sacrum Coccy	120.00
d.5	Scoliotic Series	300.00
e. Abdomen		
e.1	Plain Abdomen and KUB (1view)	100.00
f. Digestive System		
f.1	Barium Swallow (Esophagograph)	230.00
f.2	GI Series	310.00
f.3	Small Intestinal Series	230.00
f.4	Barium Enema	410.00
f.5	Hypotonic Duodenography	845.00
f.6	Oral Chole - G1	510.00

g.	Biliary System		
g.1	Oral Cholography	P	190.00
g.2	IV Cholangiography		210.00
g.3	T-Tube Cholangiography		210.00
g.4	Operative Cholangiography		210.00
g.5	Percutaneous Transhepatic Cholangiography	P	1,820.00
g.6	ERCP		1,770.00
h.	Urinary System		
h.1	IVP		360.00
h.2	Retrograde Pyelography		500.00
h.3	Hypertensive (IVP)		460.00
h.4	Dip Infusion		510.00
h.5	Cystography		200.00
h.6	Urethrography		200.00
h.7	Voiding Cystomethography		300.00
h.8	Cystomethography		400.00
i.	Obstetrical Procedures		
i.1	Fetography		200.00
i.2	Pevimetry		200.00
i.3	Hysterosalphyngogram		220.00
j.	Skeletal System		
j.1	Shoulder Joint (2 views)		150.00
j.2	Thoracic Cage		100.00
j.3	Clavicle (1 view)		85.00
j.4	Scapula (2 views)		170.00
j.5	Sternum (2 views)		170.00
j.6	Humerus (2 views)		170.00
j.7	Elbow Joint (2 views)		85.00
j.8	Forearm (2 views)		170.00
j.9	Wrist (2 views)		85.00
j.10	Hand (2 views)		85.00
j.11	Pelvis (1 view)		100.00
j.12	Hip Joint (2 views)		170.00
j.13	Femur (2 views)		170.00
j.14	Knee Joint (2 views)		85.00
j.15	Leg (2 views)		170.00
j.16	Ankle joint (2 views)		85.00
j.17	Os Calcis (2 views)		85.00
j.18	Foot (2 views)		85.00
j.19	Foot (2 views)		85.00
j.20	Skeletal Survey		550.00

k.	Miscellaneous		
k.1	Myelography	P	350.00
k.2	Sinugraphy/Fistulography		200.00
k.3	Imperforated Anus		100.00
k.4	Colonography		150.00
k.5	Angiography		1,000.00

7. AMBULANCE FEES:

a.)	Within Benguet	10.00/km.
b.)	Outside Benguet	15.00/km.
		Diesel
		25.00/km.
		Gasoline

8.	CIRCUMCISION		
	Service and Supplies (except chromic sutures)		120.00

9.	OXYGEN		0.50/liter
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10. ULTRA SOUND FEES

a.	HBT (Hepatobiliary Tree)	P	300.00
b.	PUS (Pelvic Ultrasound)		300.00
c.	BPPS (Biophysical Scoring)		300.00
d.	KYB (Kidney, Urinary, Bladder)		300.00
e.	MIS + Kidneys		350.00
f.	HBT + Kidneys		350.00
g.	TVS (Transvaginal Sonogram)		400.00
h.	2D Echo Cardiogram		800.00
i.	Color Flow Doppler		1,500.00

11. DIALYSIS

Initial	P	4,200.00
Subsequent		
BICARP		3,100.00
ASETATE		2,800.00

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12. REHABILITATION TREATMENT CHARGES

a. Rheumatic – Orthopedic Cases

a.1	Neck	P	120.00
a.2	TMJ		120.00
a.3	Shoulder		120.00
a.4	Elbow/Forearm		120.00
a.5	Wrist/Hand/Elbow		120.00
a.6	Lowback		120.00
a.7	Scoliosis		120.00
a.8	Gluteal/Hip		120.00
a.9	Knee		120.00
a.10	Ankle/Foot		120.00

b. Combination Program

b.1	Neck and Upper Back	P	150.00
b.2	Neck and Shoulder		150.00
b.3	Lowback and Neck		150.00
b.4	Lowback and Hamstring		150.00
b.5	Lowback and Gravitational Traction		150.00
b.6	Both Shoulders		150.00
b.7	Shoulders and Elbow		150.00
b.8	Elbow, Wrist and Hand		150.00
b.9	Both Elbows		150.00
b.10	Both Wrists		150.00
b.11	Both Wrists and Hands		150.00
b.12	Both Hands		150.00
b.13	Shoulder Hand Syndrome		150.00
b.14	Both Hips		150.00
b.15	Both Knees		150.00
b.16	Both Ankles		150.00
b.17	Hip and Knee		150.00
b.18	Knee and Ankle		150.00
b.19	Post Orthopedic Surgical Cases		150.00

c. Neurologic and Pediatric Cases

c.1	Cerebrovascular Disorder	P	150.00
c.2	CVD + Shoulder Hand Syndrome		150.00
c.3	Demyelinating Disorder		150.00
c.4	Degenerative Diseases		150.00
c.5	Meningitis		150.00
c.6	Encephalitis		150.00

c.7	Poliomyelitis	P	150.00
c.8	Guillan-Barre Syndrome		150.00
c.9	Bell's Palsy		150.00
c.10	Muscular Dystrophy		150.00

d. Cardiopulmonary Cases

d.1	Cardiac Rehab Program		150.00
d.2	Physical Fitness Program		150.00
	• 20% Discount - Senior Citizens and Indigent Patient only.		

e. Modalities

e.1	Ultrasound	P	30.00
e.2	Electrical Stimulation		20.00
e.3	Interferential Current Therapy		20.00
e.4	HMP/Cryotherapy		20.00
e.5	Paraffin Wax Bath		20.00
e.6	Short Wave Diathermy		30.00
e.7	Ultraviolet Rays		20.00
e.8	Infrared		20.00
e.9	Traction		30.00
e.10	Engometer		20.00
e.11	Therapeutic Exercises		40.00
e.12	Massage		30.00
e.13	MRT/Stretching		20.00
e.14	Joint Mobilization		20.00
e.15	ADL Training		20.00
e.16	Postural Drainage		20.00
e.17	Physical Fitness Program		50.00/hour

13. OTHER FEES

a.	Suction Fees	P	50.00/hour
b.	Respirators		50.00/hour
c.	Pulse Oximeter		95.00/use
d.	Defibrillator		350.00/use
e.	Endoscopy		500.00/use
f.	Colposcopy		500.00
g.	Burn Bed		600.00/day

1.2 - Satellite District Hospitals – The Charges and Fees under Provincial Tax Ordinance No. 97-32 shall be maintained for the satellite district and/or medicare hospitals.

(Handwritten signatures and initials)

Section 2. This ordinance shall take effect ten (10) days after its publication in a newspaper of local circulation in the province.

CARRIED.


MARVIN D. ATOS
Board Member


LISO L. AGPAS
Board Member


FRANCISCO E. GOLINGAB, JR.
Board Member


FERNANDO M. ARITAO
Board Member

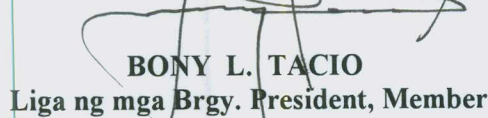

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Liga ng mga Brgy. President, Member


REDENTOR P. EDOC
SKF President, Member

CERTIFIED CORRECT:


ROBERT M. TINDA-AN
Vice-Governor
Presiding Officer

ATTESTED:


NOEL S. SABOG
Sangguniang Panlalawigan
Secretary

APPROVED:


RAUL M. MOLINTAS
Provincial Governor
Date: **29 MAY 2000**