

File



Republic of the Philippines  
PROVINCE OF BENGUET  
La Trinidad  
SANGGUNIANG PANLALAWIGAN OFFICE  
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**REGULAR MEETING – February 20, 2012**

**PRESENT:** HON. CRESCENCIO C. PACALSO, Provincial Vice Governor & Presiding Officer

- HON. NELSON C. DANGWA, Board Member
- HON. JUAN M. NAZARRO, JR., Board Member
- HON. ALFONSO L. FIANZA, Board Member
- HON. FLORENCE B. TINGBAOEN, Board Member
- HON. ROGELIO P. LEON, Board Member
- HON. APOLINARIO T. CAMSOL, Board Member
- HON. BENJAMIN C. SAGUID, Board Member
- HON. JOHNNY D. WAGUIS, Board Member
- HON. NARDO B. CAYAT, Board Member
- HON. BERNARD S. WACLIN, PCL President, Ex-Officio Member
- HON. DANVILLE D. ALIMONDO, SKF President, Ex-Officio Member
- HON. PACITO K. DONATO, Liga ng mga Barangay Pres., Ex-Officio Member

**ABSENT:** HON. CONCEPCION D. BALAO, Board Member (O.B.)

**PROVINCIAL ORDINANCE NO. 12-153**

**AMENDING CHAPTER 1V ARTICLE 2 SECTION 92 OF THE 2005 BENGUET REVENUE CODE PARTICULARLY ON THE IMPOSITION OF HOSPITAL CHARGES AND FEES OF THE BENGUET GENERAL HOSPITAL**

**WHEREAS**, presented to this Sanggunian for its consideration is the proposed adjustment and increase of fees at the Benguet General Hospital Economic Enterprise;

**WHEREAS**, after thorough deliberation, the increase and adjustment in hospital fees and charges are needed to finance the improvement of the quality of healthcare services, upgrade of the hospital equipment and finance other hospital expenditures;

**NOW THEREFORE**, on motion duly seconded

**BE IT ORDAINED BY THE SANGGUNIANG PANLALAWIGAN IN SESSION ASSEMBLED THAT:**

**Section 1.** – Chapter IV Article 2 Section 92 of the 2005 Benguet Revenue Code, particularly on the imposition of Hospital Charges and Fees of the Benguet General Hospital is hereby amended to read as:

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<b>1. ROOM RATES:</b>		
1. Wards		200.00 /day
2. Private Rooms (Single Bed)		800.00 /day
3. Semi-private (2 beds)		600.00 /day
4. Semi-private (4 beds)		500.00 /day
5. ICU-CCU		1,000.00 /day
6. NICU		200.00 /day
7. Maternal Child Care Room (6 beds)		200.00 /day
8. Delivery Room Fee		800.00 /use
9. Consultants Room (12)		5,000.00 /month
10. Seminar Room (12X)		1,000.00 /day
11. Seminar Room (5.5x)		500.00 /day
12. Seminar Room (12x2)		2,000.00 /day
13. Staff Dining		500.00 /day
14. Staff Dining with extended use - after 5 PM		500.00 /day
15. Use of Autopsy Rooms/Embalming		
a) - from internal		1,500.00
b) - from external		2,500.00
16. Morgue room –		
a) internal - free for the first 3 hours then		50.00 /hour
b) external		50.00 /hour
17. Operating room fees (Based on prevailing PHIC Relative Value Unit as the minimum and the Philippine College of Surgeons Rates as the Maximum)		Minor OR:= 1,500.00 Major OR:= 3,500.00
18. Recovery Room Fee (PACU)		P200 for the 1 <sup>st</sup> hour then P100/hour for succeeding hour
<b>2. DOCUMENTATION FEES</b>		
1. OPD Registration		40.00
2. Lost Registration Card		20.00
3. Admission Fees (for charts/papers)		50.00
4. Emergency Room (ER) Fee		100.00
<b>3. CERTIFICATES</b>		
1. Certificates (Local)		50.00
2. Certificates (Foreign)		100.00
3. Medico-legal		100.00
4. Immunization Certificate		100.00
5. Birth Certificates		50.00
6. Death Certificates		50.00
<b>4. OTHER CERTIFICATIONS</b>		
1. Clinical Abstract		100.00
2. Insurance Claims		100.00
3. Service Record		20.00
4. Affidavit Fee		100.00
5. Duplicate copy of diagnostic result		20.00 /page
6. Issuance of Certified True Copy		10.00 /page
<b>5. USE OF EQUIPMENT</b>		
1. Bassinet		10.00
2. V-85 Incubator		200.00
3. V880 Incubator		300.00

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4. Suction apparatus - OR use	250.00 /use
5. Suction apparatus - DR use	50.00 /use
6. Suction apparatus	- per use 50.00 /use
Ward	-Continuous 300.00 /day
7. (Resuscitator) ambu bag (bag valve mask ventilation)	30.00 /day
8. Phototherapy	150.00 /day
9. Infusion Pump	300.00 /day
10. Pulse Oximeter - continuous use – ward	300.00 /day
11. Pulse Oximeter - intermittent use – ward	25.00 /use
12. Pulse Oximeter – Operating Room (OR) use	200.00 /use
13. Sphygmomanometer	20.00 /day
14. Transport Incubator	300.00 /use
15. Ventilator	1,000.00 /day
Ventilator (OR use)	750.00 /use
16. Cardiac Monitor - OR use	300.00 /use
17. Cardiac Monitor - Ward use	650.00 /day
18. Bilirubinometer	150.00 /use
19. Radiant Warmer	200.00 /use
20. Syringe Pump	300.00 /day
21. Doppler	50.00 /use
22. Diagnostic Set	25.00 /use
23. Bed warmer	650.00 /day
24. Defibrillator	200.00 /discharge
25. Continuous suction apparatus	300.00 /day
26. Esophagogastroduoenoscopy (EGD)	1,500.00
27. Proctosigmoidoscopy/sigmoidoscopy	1,500.00
28.	
29. Spirometry	1,500.00
30. Cylinder Tank without contents (Deposit)	10,000.00
31. Medical Oxygen Gauge/Regulator (Rental)	5,000.00
32. Medical Oxygen Gauge/Regulator(Ward)	100.00 /use
33. Thermal scanner	20.00
34. Cautery Fee:	
- OR Use with pen and pad	450.00 /use
- OPD use	150.00 /use
35. Anesthesia Machine (GA)	300.00
36. Phaco Machine (OPD)	1,000.00
37. Microscope (Optha)	1,000.00
38. Laryngeal Mask Anesthesia	300.00
39. New Born Hearing Screening Test	500.00 /use
<b>6. PROCEDURE FEES</b>	
1. Injection fee	20.00
2. Dressing (instrument only)	50.00
3. Suturing (Ward)	100.00
4. Nebulization (Ward use)	20.00 /use
5. Nebulization (OR use)	100.00 /patient
6. Casting application/removal (OPD)	75.00
7. Removal of cast (OPD)	75.00
8. Catheter insertion/removal	35.00
9. Cord care	50.00

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



10. Enema	100.00
11. Endotracheal tube insertion	155.00
12. Hot sitz bath	25.00 /use
13. Tube Thoracostomy /chest tube Thoracostomy	800.00
14. Internal Examination	30.00
15. Perilight Exposure	30.00 /use
16. Tracheostomy	500.00
17. ECG	200.00
18. Gastric Lavage	65.00
19. Lumbar Tap	120.00
20. Circumcision	350.00
21. Thoracentesis/ paracentesis	200.00
22. IV insertion	50.00
23. Umbilical Catheterization (NICU)	320.00
24. Cut Down Procedure: a) Ward	600.00
b) Operating Room (O. R.)	680.00
25. Incision and drainage (OPD)	200.00
26. Ungiectomy (OPD)	150.00
27. Excision (OPD)	200.00
28. Cardiotocography (CTG) (OB)	250.00
<b>7. X-RAY FEES :</b>	
<b>A. CHEST</b>	
1. Chest PA ( Adult)	150.00
2. Chest PAL (Adult)	300.00
3. Chest APL (Pedia)	250.00
4. Apicolordotic View	160.00
<b>B. HEAD</b>	
1. Skull APL (Adult)	240.00
2. Skull APL ( Pedia)	170.00
3. Mastoids (3 Projections)	300.00
4. PNS (3 Projections)	340.00
5. PNS	170.00
6. Maxilla, Mandible (3 Projections)	300.00
7. Nasal	200.00
8. TMJ (3 Projections)	300.00
9. Zygoma	240.00
10. Facial Bone	240.00
11. Cephalometry	340.00
12. Panoramic view	310.00
<b>C. ABDOMEN</b>	
1. Plain Abdomen	200.00
2. FPA (Supine& Upright- Pedia)	250.00
3. FPA (Supine & Upright-Adult)	400.00
4. FPA (Suprine & Upright, Lateral Pedia)	400.00
5. FPA (Suprine & Upright, Lateral adult)	600.00
6. Fetography	200.00
7. Pelvimetry (2 plates)	400.00
<b>D. SKELETAL SYSTEM</b>	
1. Shoulder Joint 1 view	170.00
2. Shoulder Joint 2 view	340.00
3. Thoracic Cage/chest bucky	200.00
4. Clavicles	200.00
5. Scapula ( 2 views)	240.00
6. Sternum (2 views)	240.00
7. Humerus APL	300.00
8. Elbow Joint APL	240.00
9. Forearm APL	300.00

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10. Wrist APL	240.00
11. Hand APL	240.00
12. Pelvis AP	170.00
13. Hip Joint AP	170.00
14. Femur APL	300.00
15. Knee Joint APL	240.00
16. Leg APL	300.00
17. Ankle APL	240.00
18. Os Calcis APL	240.00
19. Foot APL or APO	240.00
20. Skeletal Survey (Adult)	2,500.00
21. Baby gram	400.00
<b>E. VERTEBRAE</b>	
1. Cervical APL	240.00
2. Cervical APLO	400.00
3. TLV (4 big plates)	700.00
4. LSV (2 small plates APL)	300.00
5. Sacrum	240.00
6. Scoliotic Series (3 views)	600.00
<b>F. SPECIAL PROCEDURES</b>	
1. Esophagogram (Adult)	1,250.00
2. Esophagogram (Pedia)	950.00
3. UGIS (Adult)	1,300.00
4. UGIS (Pedia)	1,050.00
5. Barium Enema (Adult)	1,450.00
6. Barium Enema (Pedia)	1,200.00
7. KUB-IVP *	1,200.00
8. Small Intestinal Series	1,200.00
9. Cystogram*	520.00
10. Retrograde Urethrogram*	650.00
11. T- Tube cholangiogram*	600.00
12. Intraop Cholangiogram*	700.00

\* Exclusive of dye

Note: Use of portable X-ray Machine, add 20% to the cost of the above procedures

<b>8. ULTRASOUND FEES</b>	
<b>A. ULTRASONOGRAPHY</b>	
1. HBT	500.00
2. KUB	500.00
3. Upper Abdomen	650.00
4. Abdominopelvic	800.00
5. TVS (Non-gravid)	600.00
6. BPPS	500.00
7. Thyroid/Neck	500.00
8. Breast Bilateral	600.00
9. Cranial	650.00
10. Testes/Scrotum	650.00
11. Prostate	500.00
12. Abdominal prostate	800.00
13. Ultrasound Guided Biopsy (use of machine only)	500.00

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14. PUS	500.00
15. Ultrasound of other areas not mentioned above	500.00

Note: Use of portable Ultrasound Machine, add 20% to the cost of the above procedures

<b>9. DENTAL FEES</b>	
<b>1. Extraction/Tooth:</b>	
a. Simple	100.00
b. Impaction	500.00
c. Simple or impaction with suturing	additional 50.00
<b>2. Filling:</b>	
a. Temporary	150.00
b. Permanent	350.00
c. Complex	700.00
<b>3. Oral Prophylaxis:</b>	
a. Simple	250.00
b. Complex	500.00
4. OP with Fluoride Application	250.00

**10. LABORATORY FEES:**

<b>HEMATOLOGY</b>		
1	CBC	150.00
2	Hemoglobin/Hematocrit	120.00
3	Platelet Count	140.00
4	RBC Count	120.00
5	RBC Indices	120.00
6	ABO Blood Typing	75.00
7	Rh Typing	75.00
8	Bleeding Time/Clotting Time	60.00
9	Lee & White CT/BT	100.00
10	ESR	105.00
11	Malarial Smear	70.00
12	Reticulocyte Count	80.00
13	Peripheral Blood Smear	140.00
14	Prothrombin Time	335.00
15	APTT	345.00
16	LE Cell Prep	150.00
17	Ketone Blood Test (Quantitative)	150.00
18	Ketone Urine Test (Qualitative)	60.00
19	Micral Test	340.00
20	Ionized Calcium	475.00
21	Direct Coombs Test	350.00
22	Extraction Fee	50.00
<b>CHEMISTRY: Fees/charges are adjusted accordingly based on the cost of reagents/machines</b>		
1	FBS	160.00
2	RBS	160.00
3	Glucose (CSF/etc.)	160.00

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4	BUN	165.00
5	Creatinine	160.00
6	Total Cholesterol	175.00
7	Triglyceride	245.00
8	HDL	200.00
9	LDL	200.00
10	Total Bilirubin	225.00
11	Direct/Indirect Bilirubin	200.00
12	Alkaline Phosphatase	155.00
13	ALT (SGPT)	170.00
14	AST (SGOT)	170.00
15	BUA	190.00
16	Amylase	205.00
17	Total Protein	205.00
18	Albumin	205.00
19	Protein (CSF/Urine)	205.00
20	TPAG	410.00
21	Sodium	240.00
22	Potassium	240.00
23	Calcium	240.00
24	Na+K+Cl-	475.00
25	Hemogluco-test	70.00
26	Troponin-I - quantitative - qualitative	600.00
27	CPK-Total	790.00
28	CPK-MB	790.00
29	CCT	320.00
30	LDH	790.00
31	Lipase	205.00
32	Hgb A1C	775.00
33	Phosphorus	240.00
34	Total TSH	585.00
35	T4T3	1,000.00
36	Free T4	500.00
37	Free T3	500.00
38	Drug Test- Based on prevailing price set by DOH	300.00
39	Arterial Blood Gas	1,000.00
<b>CLINICAL MICROSCOPY &amp; PARASITOLOGY</b>		
1	Urinalysis	85.00
2	Pregnancy Test	135.00
3	Seminal Analysis	150.00
4	CSF/Body Fluids (Cell ct./Diff.ct.)	95.00
5	KOH Smear	95.00
6	Stool Examination	75.00
7	Occult Blood	125.00
<b>MICROBIOLOGY</b>		
1	Gramstain	120.00
2	Acid fast Stain	120.00
3	Aerobic Bacterial C & S	
	a) Blood	1,430.00



	b) Other specimens	1,320.00
4	Anaerobic Bacterial C & S	1,430.00
<b>SEROLOGY</b>		
1	Typhoid Screening Test	725.00
2	Dengue Screening Test	725.00
3	Syphilis Screening Test	165.00
4	HBsAg Screening (Qualitative)	200.00
5	HBsAg Screening (Quantitative)	570.00
6	Anti-HBsAg Screening (Quantitative)	610.00
7	Hepatitis C Screening (Qualitative)	200.00
8	HIV 1&2 Screening (Qualitative)	200.00
9	Hepatitis A Screening (Quantitative)	665.00
10	Anti-Streptolysin O-Titer	300.00
11	PSA (Quantitative)	700.00
<b>BLOOD BANKING</b>		
1	Complete Cross Matching (Manual) (Per Blood bag)	350.00
2	Complete Cross Matching (Automated) ( Per Blood bag)	900.00
<b>HISTOPATHOLOGY</b>		
1	Pap Smear	150.00
2	Cytology-FNAB	450.00
3	Body Fluid Smear	250.00
4	Body Fluid with Cell Block	450.00
5	Frozen Section	1,500.00
6	Small Surgical Specimen	350.00
7	Medium Surgical Specimen	700.00
8	Large Surgical Specimen	1,500.00
9	Prostate Chips	
	a) 4-6 blocks	500.00
	b) 7-14 blocks	650.00
	c) 15 or more blocks	900.00
<b>11. CENTRAL SUPPLY ROOM (CSR):</b>		
1.	Cotton balls 5 pieces/pack	5.00/pack
2.	Gauze (4"x4") 2 pieces/pack	10.00/pack
3.	Betadine	1.00/cc
4.	Alcohol	1.00/cc
5.	Hot Water Bag	15.00/use
6.	Tongue Depressor	2.50/pc
7.	Sterile Cotton Applicator (OR use)	2.00/pack
8.	Hypodermic Needle/piece	2.00/needle
9.	Autoclave thoracentesis bottles	500.00
10.	Thoracostomy bottles	500.00/use
11.	Autoclaved bottle for thoracentesis	100.00
12.	Blood extraction set	30.00
<b>12. USE OF INSTRUMENTS:</b>		
1.	Dressing Tray: exclusive of supplies	50.00
2.	Catheter: All sizes	25.00
3.	Cut down or Minor Set	250.00
<b>13. OTHERS:</b>		
1.	Oxygen Humidifier: a) ICU/CCU	650.00
	b) NICU	10.00/hr
2.	Use of Crib	10.00/day
3.	Baby Bath	60.00
4.	Specimen bottle	10.00
5.	Newborn Care package based on PHIC Rate	1,750.00
6.	Newborn Screening Kit	600.00
7.	Crede's prophylaxis	65.00



8. Shower Fee (for watchers)		50.00
9. Plugging of electronic device: Cellular phone Charging, Laptop/others	25.00 per device 100.00 per day	
10. Linen Change/additional linen	50.00	
11. Room Transfer Fee: Patient's Request	100.00	
12. Morgue Freezer Fee	100.00/hour	
<b>14. USE OF OTHER HOSPITAL FACILITIES:</b>		
1. Basketball Court		
Half court	150.00-1 <sup>st</sup> hr.	
Whole court	60.00 succeeding hr. 300.00-1 <sup>st</sup> hr.	
	120.00 succeeding hr	
	1,500.00/day	
2. Volleyball Court	120.00 succeeding hr	
	300.00-1 <sup>st</sup> hr. 1,500.00/day	
<b>15. USE OF AMBULANCE:</b>		
1. 10 Km or less (e.g Baguio)	500.00 (minimum)	
2. Above 10 kilometers (e.g Manila)	25/km Diesel 30/km Gasoline	
<b>16. USE OF OXYGEN</b>		
1. Oxygen/tank – 50 kilograms Cylinder	1,500.00	
2. Oxygen: per liter per minute use:	<b>1 hour or less</b>	<b>Succeeding Hr.</b>
	a) 1.00 liter/minute	21.00
	b) 2.00 liters/minute	42.00
	c) 3.00 liters/minute	63.00
	d) 4.00 liters/minute	84.00
	e) 5.00 liters/minute	105.00
	f) 6.00 liters/minute	126.00
	g) 7.00 liters/minute	147.00
	h) 8.00 liters/minute	168.00
	i) 9.00 liters/minute	189.00
	j) 10.00 liters/minute	210.00
<b>USE OF COMPRESSED AIR:</b>		
1. Compressed Air/tank – 50 kilograms Cylinder	1,800.00	
2. Compressed Air: per liter per minute use:	<b>1 hour or less</b>	<b>Succeeding Hr.</b>
	a) 1.00 liter/minute	25.00
	b) 2.00 liters/minute	50.00
	c) 3.00 liters/minute	75.00
	d) 4.00 liters/minute	100.00
	e) 5.00 liters/minute	125.00
	f) 6.00 liters/minute	150.00
	g) 7.00 liters/minute	175.00
	h) 8.00 liters/minute	200.00
	i) 9.00 liters/minute	225.00
	j) 10.00 liters/minute	250.00

**Section 3. Effectivity.** This Ordinance shall take effect upon its approval.

**CARRIED".**

**NELSON C. DANGWA**  
Board Member

**ALFONSO L. FIANZA**  
Board Member

  
**APOLINARIO T. CAMSOL**  
Board Member

  
**BENJAMIN C. SAGUID**  
Board Member

  
**NARDO B. CAYAT**  
Board Member

  
**RACITO K. DONATO**  
Liga ng mga Barangay President,  
Ex-Officio Member

**CERTIFIED CORRECT:**

  
**FRENZEL A. AYONG**  
Secretary to the Sanggunian

**ATTESTED:**


  
**CRESCENCIO C. PACALSO**  
Provincial Vice Governor

**APPROVED:**

  
**NESTOR B. FONGWAN**  
Provincial Governor

Date: \_\_\_\_\_


  
**JUAN M. NAZARRO, JR.**  
Board Member

  
**FLORENCE B. TINGBAOEN**  
Board Member

  
**ROGELIO P. LEON**  
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