ROOM RATES

PRESIDENTIAL SUITE (WITH VIEW)	P 15,000
PRESIDENTIAL SUITE	P 14,000
COUPLE SUITE	P 6,500
EXECUTIVE SUITE	P 6,000
LARGE PRIVATE	P 5,400
PRIVATE	P 4,000
SEMI-PRIVATE	P 3,000
WARD	P 2,700
PEDIA WARD	P 2,500
NICU	P 3,200
ISOLATION (5F/6F/7F/PSYCH WARD)	P 4,500
COVID WARD	P 5,000
ICU/PICU/SICU/MICU	P 5,800
COVID ICU	P 6,000

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PHYSICAL MEDICINE & REHABILITATION UNIT

PHYSIOTHERAPY	P 690.00
THERAPUETIC ULTRASOUND	P 100.00
ELECTRICAL STIMULATION	P 50.00
LUMBAR TRACTION	P 200.00
CERVICAL TRACTION	P 200.00
MOIST PACK APPLICATION	P 100.00
RANGE OF MOTION EXERCISE	P 100.00
MANUAL THERAPY	P 200.00
MOTION & GATE TRAINING	P 300.00
INFRARED LAMP	P 100.00
TREADMILL/BICYCLE ERGOMETER	P 100.00
PARAFIN WAX BATH	P 100.00

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CARDIO-NUERO UNIT

15L ECG	P 645.77
12L ECG	P 595.77
LL II/RHYTHM STRIP	P 252.50
2D ECHOCARDIOGRAM/ TRANSTHORACIC TWO DIMENSIONAL	P 4,330.00
TRANSTHORACIC WITH BUBLE CONTRAST	P 5,100.00
2D ECHOCARDIOGRAM GUIDED PERICARDIOCENTESIS	P 5,633.33
TRANSESOPHAGEAL ECHOCARDIOGRAPHY	P13,575.00
INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY	P13,775.00
TREADMILL EXERCISE TEST	P 3,829.00
2D ECHOCARDIOGRAM GUIDED PERICARDIOCENTESIS	P 5,633.33
TREADMILL STRESS ECHOCARDIOGRAPHY	P 9,587.33

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CARDIO-NUERO UNIT

PHARMACOLOGIC (DOBUTAMINE) STRESS ECHOCARDIOGRAPHY	P 9,155.00
ARTERIAL STUDY OF BOTH LOWER EXTREMITIES	P 6,807.33
ARTERIAL AND VENOUS STUDY OF BOTH LOWER EXTREMITIES	P 7,900.00
VENOUS STUDY OF BOTH LOWER EXTREMETIES	P 6,807.33
ARTERIAL STUDY OF ONE LOWER EXTREMITY	P 4,339.50
VENOUS STUDY OF ONE LOWER EXTREMITY	P 4,339.50
INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY	P 13,775.00
ARTERIAL ABD VENOUS STUDY OF UPPER EXTREMITIES	P 7,300.00
ARTERIAL STUDY OF BOTH UPPER EXTREMITIES	P 6,711.00
ANKLE BRACHIAL INDEX	P 1,300.55

CARDIO-NUERO UNIT

ARTERIAL STUDY OF ONE UPPER EXTREMITIES	P 4,339.50
VENOUS STUDY OF ONE UPPPER EXTREMITIES	P 4,339.50
CAROTID DUPLEX SCAN	P 6,776.33
24 HOURS HOLTER MONITORING	P 4,038.32
24 HOUR AMBULATORY BLOOD PRESSURE MONITORING	P 3,218.50
TRANSCRANIAL DOPPLER	P 7,580.00
RENAL DOPPLER ULTRASOUND	P 7,400.00
ABDOMINAL AORTA	P 5,350.00
VEIN MAPPING	P 9,600.00
FETAL 2D ECHOCARDIOGRAPHY	P 5,941.35

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X-RAY

CHEST BUCKY - CHILD	P 406.00
CHEST BUCKY - ADULT	P 574.00
CHEST APICO / SEMILORDOTIC - CHILD	P 339.00
CHEST APICO/ SEMILORDOTIC - ADULT	P 342.00
CHEST LAT - CHILD	P 321.00
CHEST PA - CHILD	P 321.00
CHEST PA - ADULT	P 335.00
CHEST PAL - CHILD	P 840.00
CHEST PAL - ADULT	P 840.00
CHEST LAT - ADULT	P 335.00

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X-RAY

BABYGRAM AP	P 728.00
BABYGRAM APL	P 1,457.00
ABDOMEN NEWBORN S/LAT	P 574.00
ABD. S/U CHILD	P 840.00
ABD. S/U - ADULT	P 1,323. 00
ABD. PLAIN - ADULT	P 644.00
ANKLE JOINT AP	P 378.00
ANKLE JOINT APL	P 532.00
ANKLE JOINT APL MORTISE	P 734.00
ANKLE JOINT AP MORTISE	P 378.00

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X-RAY

FEMUR AP VIEW - CHILD	P 406.00
FEMUR AP VIEW - ADULT	P 547.00
FEMUR APL VIEW - CHILD	P 805.00
FEMUR APL VIEW - ADULT	P 868.00
KNEE AP	P 350.00
KNEE LAT	P 350.00
KNEE APL	P 532.00
FOOT AP - CHILD	P 350.00
FOOT AP - ADULT	P 406.00
FOOT LAT - CHILD	P 378.00

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X-RAY

FOOT LAT - ADULT	P 406.00
FOOT APO - CHILD	P 532.00
FOOT APL - CHILD	P 532.00
FOOT APL - ADULT	P 574.00
FOOT OBLIQUE	P 378.00
FOOT OSCALCIS	P 462.00
CALCANEUS LAT. AXIAL	P 433.00

MRI

MAGNETIC RESONANCE IMAGING OF BRAIN AND BRAIN STEM*	P 12,243.00
MAGNETIC RESONANCE IMAGING OF SPINAL CANAL*	P 15,956.00
MAGNETIC RESONANCE IMAGING OF MUSCULOSKELETAL*	P 12, 623.00
MAGNETIC RESONANCE IMAGING OF PELVIS, PROSTATE, AND BLADDER*	P 14, 516.00
MAGNETIC RESONANCE IMAGING OF OTHER AND UNSPECIFIED SITES*	P 14, 000.00
MAGNETIC RESONANCE IMAGING OF PELVIS, CERVIX, UTERUS AND BLADDER	P 14, 190.00
MAGNETIC RESONANCE IMAGING OF MUSCULOSKELETAL (BILATERAL)	P 21, 367.00
MAGNETIC RESONANCE IMAGING OF BRAIN MRA/MRV	P 12,615.00
MAGNETIC RESONANCE IMAGING OF BRAIN WITH MRA AND MRV	P 17, 661.00

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ULTRASOUND

DIAGNOSTIC ULTRASOUND OF DIGESTIVE SYSTEM*	P 2, 080.00
DIAGNOSTIC ULTRASOUND OF URINARY SYSTEM*	P 1,0662.00
DIAGNOSTIC ULTRASOUND OF ABDOMEN AND RETROPERITONEUM*	P 3, 101.00
DIAGNOSTIC ULTRASOUND OF HEAD AND NECK*	P 2, 850.00
DIAGNOSTIC ULTRASOUND OF OTHER SITES OF THORAX*	P 1, 646.00
DIAGNOSTIC ULTRASOUND OF GRAVID UTERUS*	P 1, 720.00
OTHER DIAGNOSTIC ULTRASOUND (CONGENITAL ANOMALY SCAN)	P 2, 995.00
OTHER DIAGNOSTIC ULTRASOUND (4D PACKAGE)	P 3, 300.00
OTHER DIAGNOSTIC ULTRASOUND (MOBILE ULTRASOUND)	P 600.00

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CT SCAN

CT SCAN CRANIAL PLAIN	P 6, 200.00
CT SCAN NECK PLAIN	P 7, 160.00
CT SCAN CHEST ROUTINE	P 7, 320.00
CT SCAN WHOLE ABDOMEN PLAIN	P 13, 076.00
CT CERVICAL SPINE	P 9, 145
CT SCAN THORACO-LUMBAR SPINE	P 13, 851.00
CT SCAN CERVICO-THORACIC SPINE	P 13, 851.00
CT SCAN THORACIC SPINE	P 9, 145.00
CT SCAN LUMBAR SPINE	P 9, 145.00

PULMONARY SERVICES

OXYGEN THERAPY (LOW FLOW)	P 858.95
OXYGEN THERAPY (HIGH FLOW)	P 524.58
OXYGEN THERAPY (LOW FLOW)	P 858.95
OXYGEN THERAPY (TRACHEOSTOMY)	P1,074.67
AEROSOL THERAPY	P2,379.77
CHEST PHYSIOTHERAPY	P 168.65
PULSE OXIMETER	P 283.57
BLOOD GAS AND HEMODYNAMICS (MONITORING)	P2,469.67
PULMONARY DIAGNOSTIC AND OTHER RESPIRATORY MONITORING PROCEDURES	P8,494.09
MECHANICAL VENTILATION	P2,552.35

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DENTAL SERVICES

SERVICES	OPD	ER
ORAL PROPHYLAXIS - SLIGHT	P 1,000.00	P 1,050.00
ORAL PROPHYLAXIS - HEAVY	P 1,500.00	P 1,575.00
PIT AND FISSURE SEALANT	P 1,000.00	P 1,050.00
COMPOSITE RESTORATION - ONE SURFACE	P 1,000.00	P 1,050.00
COMPOSITE RESTORATION - TWO SURFACE	P 1,500.00	P 1,575.00
COMPOSITE RESTORATION - THREE SURFACE	P 1,800.00	P 1,890.00
COMPOSITE RESTORATION - INLAY/ONLAY	P 5,000.00	P 5,250.00
COMPOSITE RESTORATION - DIRECT VENEER	P 4,000.00	P 4,200.00

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DENTAL SERVICES

SERVICES	OPD	ER
COMPOSITE RESTORATION - PIN RETENTION	P 1,000.00	P 1,050.00
TEMPORARY FILLING	P 600.00	P 630.00
TEMPORARY FILLING - ONE SURFACE	P 900.00	P 945.00
TEMPORARY FILLING - TWO SURFACE	P 1,000.00	P 1,050.00
EXTRACTION - PRIMARY TOOTH (ANTERIOR)	P 500.00	P 525.00
EXTRACTION - PRIMARY TOOTH (POSTERIOR)	P 800.00	P 840.00
ORAL SURGERY - EXTRACTION (SIMPLE)	P 1,000.00	P 1,050.00
ORAL SURGERY - EXTRACTION (COMPLICATED)	P 1,800.00	P 1,890.00

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DENTAL SERVICES

SERVICES	OPD	ER
ORAL SURGERY - PRIMARY TOOTH	P 500.00	P 525.00
ORAL SURGERY - ODONTECTOMY	P 10,000.00	P 10,500.00
ORAL SURGERY - CYST REMOVAL (UNDER/AFTER EXO)	P 6,500.00	P 6,825.00
ORAL SURGERY - INCISION & DRAINAGE EXTRAORAL	P 3,000.00	P 3,150.00
ORAL SURGERY - RECALL	P 800.00	P 840.00
PERIODONTAL TREATMENT - DEEP SCALING & ROOT PLANNING	P 4,000.00	P 4,200.00
PERIODONTAL TREATMENT - SUCCEEDING APPOINTMENTS	P 1,500.00	P 1,575.00

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DENTAL SERVICES

SERVICES	OPD	ER
MOUTHGUARD - UPPER	P 10,000.00	P 10,500.00
MOUTHGUARD - LOWER	P 10,000.00	P 10,500.00
WHITENING	P 9,000.00	P 9,450.00
FPD - PLASTIC PER TOOTH	P 5,000.00	P 5,250.00
FPD - PORCELAIN FUSED TO METAL PER TOOTH	P 9,000.00	P 9,450.00
FPD - EMAX PER TOOTH	P 18,000.00	P 18,900.00
FPD - CROWN RECEMENTATION PER TOOTH	P 1,500.00	P 1,575.00
RPD - STAYPLATE (3-5 MISSING)	P 5,000.00	P 5,250.00

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DENTAL SERVICES

SERVICES	OPD	ER
RPD - METAL FRAMEWORK UPPER	P 10,000.00	P 10,500.00
RPD - METAL FRAMEWORK LOWER	P 9,000.00	P 9,450.00
RPD - ADD'L PER MISSING TOOTH - ORDINARY	P 500.00	P 525.00
RPD - ADD'L PER MISSING TOOTH - BRANDED	P 800.00	P 840.00
RPD - FLEXIBLE DENTURE - UNILATERAL	P 12,000.00	P 12,600.00
RPD - FLEXIBLE DENTURE - BILATERAL	P 20,000.00	P 21,000.00
RPD - COMBINATION	P 25,000.00	26,250.00
RPD - COMBINATION METAL & FLEXI	P 30,000.00	P 31,500.00
COMPLETE DENTURE - ORDINARY	P 15,000.00	P 15,750.00

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DENTAL SERVICES

SERVICES	OPD	ER
COMPLETE DENTURE - BRANDED	P 22,000.00	P 23,100.00
COMPLETE DENTURE - IVOCAP	P 50,000.00	P 52,500.00
DENTURE REPAIR	P 2,000.00	P 2,100.00
RELINE/REBASE	P 3,500.00	P 3,675.00
ORTHODONTIC TREATMENT - CONVENTIONAL BRACES	P 40,000.00	P 42,000.00
RETAINERS PER ARCH	P 6,000.00	P 6,300.00
APPLIANCES - SPACE MAINTAINER PER ARCH	P 6,000.00	P 6,300.00
PERIAPICAL XRAY	P 500.00	P 525.00
PANORAMIC XRAY	P 1,200.00	P 1,260.00

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CONSULATION FEE	P 500 - P 1,000
CLINIC HOURS	MONDAY - SATURDAY 8:00 AM - 5: 00 PM

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