

SAINT GABRIEL MEDICAL CENTER, INC.

Arch Gabriel M. Reyes Street Poblacion Kalibo (Capital) Aklan Philippines Aklan 5600

ULTRASOUND Item Price List for Inpatient

UTZ EXAMS		
Item ID	Item Description	Selling Price
UTZ00001	3 DIMENSIONAL ULTRASOUND	1,120.00
UTZ00002	3 DIMENSIONAL ULTRASOUND portable	1,705.00
UTZ00003	BREAST ULTRASOUND	1,445.00
UTZ00004	BREAST ULTRASOUND PORTABLE	2,350.00
UTZ00005	CHEST MAPPING	375.00
UTZ00006	CHEST MAPPING PORTABLE	745.00
UTZ00007	HEPATOBILLARY	1,070.00
UTZ00008	HEPATOBILLARY portable	1,550.00
UTZ00009	KUB	1,190.00
UTZ00010	KUB portable	2,100.00
UTZ00011	LOWER ABDOMEN	1,405.00
UTZ00012	LOWER ABDOMEN portable	2,310.00
UTZ00013	MUSCULO-SKELETAL	1,190.00
UTZ00014	MUSCULO-SKELETAL portable	2,100.00
UTZ00015	NECK	1,335.00
UTZ00016	NECK portable	2,240.00
UTZ00017	PEDIATRIC SONOGRAPHY (0-10)(cranial)	1,190.00
UTZ00018	PEDIATRIC SONOGRAPHY (0-10)(cranial)portable	2,100.00
UTZ00019	PELVIC (NON-OB)	990.00
UTZ00020	PELVIC (NON-OB) portable	1,575.00
UTZ00021	PELVIC-OB (BPS/BPP)	1,155.00
UTZ00022	PELVIC-OB (BPS/BPP) portable	2,060.00
UTZ00023	PELVIC-OB (FETAL EVALUATION)	1,045.00
UTZ00024	PELVIC-OB (FETAL EVALUATION) Employee	600.00
UTZ00025	PELVIC-OB (FETAL EVALUATION) portable	1,630.00
UTZ00026	RENAL	1,040.00
UTZ00027	RENAL (portable)	1,575.00
UTZ00028	ROTATOR CUFF/ TENDONS	1,335.00
UTZ00029	ROTATOR CUFF/ TENDONS portable	2,240.00
UTZ00030	SPECIAL TESTICULAR (scrotal. inguinal)	1,190.00
UTZ00031	SPECIAL TESTICULAR (scrotal. inguinal) portable	2,100.00
UTZ00032	THORACIC	1,100.00
UTZ00033	THORACIC portable	1,650.00
UTZ00034	THYROID	1,335.00

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UTZ00035	THYROID portable	2,240.00
UTZ00036	TRANSRECTAL	1,335.00
UTZ00037	TRANSRECTAL portable	2,240.00
UTZ00038	TRANSVAGINAL	1,335.00
UTZ00039	TRANSVAGINAL portable	2,240.00
UTZ00040	UPPER ABDOMEN	1,405.00
UTZ00041	UPPER ABDOMEN portable	2,310.00
UTZ00042	VASCULAR	1,760.00
UTZ00043	VASCULAR portable	2,665.00
UTZ00044	WHOLE ABDOMEN	1,755.00
UTZ00045	WHOLE ABDOMEN portable	2,660.00
UTZ00046	WHOLE ABDOMEN W/ PELVIC/PROSTATE	2,215.00
UTZ00047	WHOLE ABDOMEN W/ PELVIC/PROSTATE portable	3,125.00
UTZ00048	TECH FEE (ULTRASOUND)	1,000.00
UTZ00049	READERS FEE (ULTRASOUND)	100.00
UTZ00050	KUB + PROSTATE	1,405.00
UTZ00051	PROSTATE	395.00
UTZ00052	INGUINAL	395.00
UTZ00053	LIVER	510.00
UTZ00054	GALLBLADDER	395.00
UTZ00055	UTZ GUIDED PROCEDURE	395.00
UTZ00056	ULTRASOUND (GUIDED PROSTATE BIOPSY)	500.00
UTZ00057	PELVIC-TRANS AB	0.00
UTZ00058	TVS	0.00
UTZ00059	TRS	0.00
UTZ00060	MDS	0.00
UTZ00061	TWIN	0.00