

SAINT GABRIEL MEDICAL CENTER, INC. BORACAY

Manoc-Manoc Boracay Island Malay Aklan

Tel:(036)288-9911

TABLE OF CHARGES

ID	DESCRIPTION	In-Patient	OPD	Caritas HMO-OPD	In-Patient Cash	HMO OPD
Department : ULTRASOUND						
Category : ULTRASOUND						
8558	Breast	970.00	970.00	970.00	970.00	970.00
8875	Chest Mapping	400.00	400.00	400.00	400.00	400.00
7733	DOCTORS PF (OB)	300.00	300.00	300.00	300.00	300.00
10031	GALLBLADDER	400.00	400.00	400.00	400.00	400.00
5598	HEPATOBILLARY	800.00	800.00	800.00	800.00	800.00
9999	INGUINAL	400.00	400.00	400.00	400.00	400.00
5601	KUB	700.00	700.00	700.00	700.00	700.00
7680	KUB + PROSTATE	800.00	800.00	800.00	800.00	800.00
10030	LIVER	495.00	495.00	495.00	495.00	495.00
7681	LOWER ABDOMEN	940.00	940.00	940.00	940.00	940.00
5609	MUSCULO-SKELETAL	760.00	760.00	760.00	760.00	760.00
6271	Neck	985.00	985.00	985.00	985.00	985.00
5610	PEDIATRIC SONOGRAPHY (0-10)(cranial)	870.00	870.00	870.00	870.00	870.00
7685	PELVIC (NON-OB)	815.00	815.00	815.00	815.00	815.00
7686	PELVIC-OB (BPS/BPP)	980.00	980.00	980.00	980.00	980.00
5613	PELVIC-OB (FETAL EVALUATION)	865.00	865.00	865.00	865.00	865.00
10029	PROSTATE	400.00	400.00	400.00	400.00	400.00
5599	RENAL	815.00	815.00	815.00	815.00	815.00
5606	SPECIAL TESTICULAR (scrotal. inguinal)	980.00	980.00	980.00	980.00	980.00
10117	TECH. FEE	500.00	500.00	500.00	500.00	500.00
5614	THORACIC	990.00	990.00	990.00	990.00	990.00
5604	THYROID	765.00	765.00	765.00	765.00	765.00
5603	Transrectal	920.00	920.00	920.00	920.00	920.00
5602	Transvaginal	985.00	985.00	985.00	985.00	985.00
6459	TRANSVAGINAL (OB)	500.00	500.00	500.00	500.00	500.00
5596	Upper Abdomen	935.00	935.00	935.00	935.00	935.00
10032	UTZ GUIDED PROCEDURE	400.00	400.00	400.00	400.00	400.00
5511	Whole Abdomen	1,775.00	1,775.00	1,775.00	1,775.00	1,775.00
6272	WHOLE ABDOMEN W/ PELVIC/PROSTATE	1,815.00	1,815.00	1,815.00	1,815.00	1,815.00