



SAINT GABRIEL MEDICAL CENTER, INC.

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

ULTRASOUND Item Price List for Outpatient

UTZ EXAMS		
Item ID	Item Description	Price Range
UTZ00001	3 DIMENSIONAL ULTRASOUND	1,050.00
UTZ00002	3 DIMENSIONAL ULTRASOUND portable	1,655.00
UTZ00003	BREAST ULTRASOUND	800.00 - 950.00
UTZ00004	BREAST ULTRASOUND PORTABLE	2,350.00
UTZ00005	CHEST MAPPING	300.00 - 450.00
UTZ00006	CHEST MAPPING PORTABLE	745.00
UTZ00007	HEPATOBILLARY	600.00 - 750.00
UTZ00008	HEPATOBILLARY portable	1,550.00
UTZ00009	KUB	850.00 - 950.00
UTZ00010	KUB portable	2,100.00
UTZ00011	LOWER ABDOMEN	800.00 - 1000.00
UTZ00012	LOWER ABDOMEN portable	2,310.00
UTZ00013	MUSCULO-SKELETAL	600.00 - 750.00
UTZ00014	MUSCULO-SKELETAL portable	2,100.00
UTZ00015	NECK	750.00 - 950.00
UTZ00016	NECK portable	2,240.00
UTZ00017	PEDIATRIC SONOGRAPHY (0-10)(cranial)	700.00 - 850.00
UTZ00018	PEDIATRIC SONOGRAPHY (0-10)(cranial)portable	2,100.00
UTZ00019	PELVIC (NON-OB)	700.00 - 800.00
UTZ00020	PELVIC (NON-OB) portable	1,575.00
UTZ00021	PELVIC-OB (BPS/BPP)	750.00 - 900.00
UTZ00022	PELVIC-OB (BPS/BPP) portable	2,060.00
UTZ00023	PELVIC-OB (FETAL EVALUATION)	700.00 - 850.00
UTZ00024	PELVIC-OB (FETAL EVALUATION) Employee	550.00 - 750.00
UTZ00025	PELVIC-OB (FETAL EVALUATION) portable	1,630.00
UTZ00026	RENAL	700.00 - 800.00
UTZ00027	RENAL (portable)	1,575.50
UTZ00028	ROTATOR CUFF/ TENDONS	995.00
UTZ00029	ROTATOR CUFF/ TENDONS portable	2,240.00
UTZ00030	SPECIAL TESTICULAR (scrotal. inguinal)	850.00 - 950.00
UTZ00031	SPECIAL TESTICULAR (scrotal. inguinal) portable	2,100.00

UTZ00032	THORACIC	850.00 - 1000.00
UTZ00033	THORACIC portable	1,685.00
UTZ00034	THYROID	600.00 - 750.00
UTZ00035	THYROID portable	2,240.00
UTZ00036	TRANSRECTAL	800.00 - 1000.00
UTZ00037	TRANSRECTAL portable	2,240.00
UTZ00038	TRANSVAGINAL	850.00 - 950.00
UTZ00039	TRANSVAGINAL portable	2,240.00
UTZ00040	UPPER ABDOMEN	800.00 - 950.00
UTZ00041	UPPER ABDOMEN portable	2,310.00
UTZ00042	VASCULAR	1,310.00
UTZ00043	VASCULAR portable	2,665.00
UTZ00044	WHOLE ABDOMEN	1500.00 - 2000.00
UTZ00045	WHOLE ABDOMEN portable	2,660.00
UTZ00046	WHOLE ABDOMEN W/ PELVIC/PROSTATE	1600.00 - 1800.00
UTZ00047	WHOLE ABDOMEN W/ PELVIC/PROSTATE portable	3,125.00
UTZ00048	TECH FEE (ULTRASOUND)	900.00 - 1200.00
UTZ00049	READERS FEE (ULTRASOUND)	100.00
UTZ00050	KUB + PROSTATE	800.00 - 900.00
UTZ00051	PROSTATE	300.00 - 450.00
UTZ00052	INGUINAL	300.00 - 450.00
UTZ00053	LIVER	450.00 - 650.00
UTZ00054	GALLBLADDER	300.00 - 450.00
UTZ00055	UTZ GUIDED PROCEDURE	300.00 - 450.00
UTZ00056	ULTRASOUND (GUIDED PROSTATE BIOPSY)	450.00 - 700.00
UTZ00057	PELVIC-TRANS AB	800.00
UTZ00058	TVS	900.00
UTZ00059	TRS	1,000.00
UTZ00060	MDS	900.00
UTZ00061	TWIN	1,600.00

*Price may change without prior notice