

**SAINT GABRIEL MEDICAL CENTER, INC.**

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

**CT-SCAN Item Price List for Outpatient**

<b>CT SCAN EXAMS</b>		
<b>Item ID</b>	<b>Item Description</b>	<b>Selling Price</b>
CT00039	EXTREMITIES (SHORT)	6,000.00
CT00044	WHOLE SPINE	12,500.00
CTS00001	Cervical/Neck P/C	7,999.80
CTS00002	CERVICAL/NECK PLAIN	5,000.00
CTS00003	CHEST P/C	7,691.69
CTS00004	Chest P/C w/ HMO	8,625.00
CTS00005	CHEST PLAIN	6,767.39
CTS00006	CONTRAST (300mg/50ml)	2,500.00
CTS00007	CONTRAST (370mg/50ml)	3,300.00
CTS00008	CONTRAST w/ HMO (300mg/50ml)	2,760.00
CTS00009	CONTRAST w/ HMO (370mg/50ml)	2,760.00
CTS00010	CRANIAL PLAIN	5,000.00
CTS00011	CRANIAL W/ CONTRAST	5,665.00
CTS00012	CRANIAL P/C w/ HMO (300 mg/50 ml)	8,395.00
CTS00013	CRANIAL P/C w/ HMO (370 mg/50 ml)	8,395.00
CTS00014	EXTREMITIES (LONG)	6,500.00
CTS00015	LIVER TRIPHASIC/C 370/50ml	13,000.00
CTS00016	LIVER TRIPHASIC/C 370/50ml (HMO)	14,950.00
CTS00017	LOW DOSE CHEST	5,000.00
CTS00018	LUMBAR SPINE PLAIN	5,000.00
CTS00019	LUMBAR SPINE W/ CONTRAST`	7,999.80
CTS00020	ORBITS/SINUSES/MASTOID	5,000.00
CTS00021	ORBITS/SINUSES/MASTOID P/C (300 mg/50 ml )	7,383.60
CTS00022	ORBITS/SINUSES/MASTOID P/C (370 mg/50 ml )	7,383.60
CTS00023	PELVIC P/C	7,383.60
CTS00024	PELVIC PLAIN	5,000.00
CTS00025	STONOGRAM	8,000.00
CTS00026	Stonogram (HMO)	8,280.00
CTS00027	THORACIC (SPINE) W/ CONTRAST	8,616.00
CTS00028	Thoracic Spine Plain	9,000.00
CTS00029	UPPER/LOWER ABDOMEN P/C	7,999.80
CTS00030	Upper/Lower Abdomen P/C with HMO (350 mg/ 50 ml)	8,970.00
CTS00031	Upper/Lower Abdomen P/C with HMO (370 mg/ 50 ml)	8,970.00
CTS00032	UPPER/LOWER ABDOMEN PLAIN	5,000.00

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CTS00033	Whole Abdomen P/C (2 Phase) w/ HMO (350 mg/50 ml)	11,040.00
CTS00034	Whole Abdomen P/C (2 Phase) w/ HMO (370 mg/50 ml)	11,040.00
CTS00035	WHOLE ABDOMEN PLAIN	7,175.00
CTS00036	Whole Abdomen Plain with HMO	8,280.00
CTS00037	WHOLE ABDOMEN W/ CONTRAST	9,848.39
CTS00038	WHOLE ABDOMEN W/ CONTRAST (3PHASE)	11,080.79
CTS00039	TECH FEE (CTSCAN)	1,250.00
CTS00040	READERS FEE (CTSCAN)	100.00
CTS00042	CT Scan Chest	7,045.00
CTS00043	CONTRAST (370mg/100ml)	5,000.00
CTS00044	COMPLETION SCAN (CRANIAL)	2,500.00