



## SAINT GABRIEL MEDICAL CENTER, INC.

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

### CT SCAN Item Price List for Inpatient

CT SCAN EXAMS		
Item ID	Item Description	Price Range
CT00039	EXTREMITIES (SHORT)	7,000 TO 8,000
CTS00001	Cervical/Neck P/C	10,000 TO 14,000
CTS00002	CERVICAL/NECK PLAIN	5,000 TO 6,500
CTS00003	CHEST P/C	11,000 TO 14,000
CTS00010	CRANIAL PLAIN	5500
CTS00011	CRANIAL W/ CONTRAST	9,500 TO 12,500
CTS00014	EXTREMITIES (LONG)	6,000 TO 8,000
CTS00017	LOW DOSE CHEST	6,000 TO 7,000
CTS00018	LUMBAR SPINE PLAIN	6,000 TO 7,000
CTS00019	LUMBAR SPINE W/ CONTRAST	11,000 TO 14,000
CTS00020	ORBITS/SINUSES/MASTOID	6,500-7,500
CTS00023	PELVIC P/C	11,000 14,000
CTS00024	PELVIC PLAIN	8900
CTS00025	STONOGRAM	11500
CTS00027	THORACIC (SPINE) W/ CONTRAST	15,000 TO 17,500
CTS00028	Thoracic Spine Plain	10,000 TO 11,000
CTS00029	UPPER/LOWER ABDOMEN P/C	11,000 TO 14,500
CTS00032	UPPER/LOWER ABDOMEN PLAIN	6,000 TO 7,000
CTS00035	WHOLE ABDOMEN PLAIN	11,000 TO 12,000
CTS00045	COMPUTED TOMOGRAPHY ANGIOGRAM (BRAIN)	23,000 TO 25,500
CTS00046	WHOLE ABDOMEN PLAIN AND CONTRAST	21,000 TO 24,000
CTS00047	LIVER TRIPHASIC	19,000 TO 21,500
CTS00087	CT URETROGRAM	20,000 TO 23,000

NOTE: CONTRAST ALREADY INCLDED TO THE CONTRAST PROCEDURE PRICES