

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	Selling Price
CT00039	EXTREMITIES (SHORT)	5,100.00
CT00044	WHOLE SPINE	11,000.00
CTS00001	Cervical/Neck P/C	8,560.00
CTS00002	CERVICAL/NECK PLAIN	5,170.00
CTS00003	CHEST P/C	8,230.00
CTS00004	Chest P/C w/ HMO	9,230.00
CTS00005	CHEST PLAIN	7,245.00
CTS00006	CONTRAST (300mg/50ml)	2,570.00
CTS00007	CONTRAST (370mg/50ml)	3,200.00
CTS00008	CONTRAST w/ HMO (300mg/50ml)	2,955.00
CTS00009	CONTRAST w/ HMO (370mg/50ml)	2,955.00
CTS00010	CRANIAL PLAIN	5,500.00
CTS00011	CRANIAL W/ CONTRAST	7,410.00
CTS00012	CRANIAL P/C w/ HMO (300 mg/50 ml)	8,985.00
CTS00013	CRANIAL P/C w/ HMO (370 mg/50 ml)	8,985.00
CTS00014	EXTREMITIES (LONG)	6,600.00
CTS00015	LIVER TRIPHASIC/C 370/50ml	13,910.00
CTS00016	LIVER TRIPHASIC/C 370/50ml (HMO)	16,000.00
CTS00017	LOW DOSE CHEST	5,400.00
CTS00018	LUMBAR SPINE PLAIN	5,220.00
CTS00019	LUMBAR SPINE W/ CONTRAST`	8,560.00
CTS00020	ORBITS/SINUSES/MASTOID	5,460.00
CTS00021	ORBITS/SINUSES/MASTOID P/C (300 mg/50 ml)	7,900.00
CTS00022	ORBITS/SINUSES/MASTOID P/C (370 mg/50 ml)	7,900.00
CTS00023	PELVIC P/C	7,900.00
CTS00024	PELVIC PLAIN	7,900.00
CTS00025	STONOGRAM	10,500.00
CTS00026	Stonogram (HMO)	8,860.00
CTS00027	THORACIC (SPINE) W/ CONTRAST	9,220.00
CTS00028	Thoracic Spine Plain	9,170.00
CTS00029	UPPER/LOWER ABDOMEN P/C	8,560.00
CTS00030	Upper/Lower Abdomen P/C with HMO (350 mg/ 50 ml)	9,600.00
CTS00031	Upper/Lower Abdomen P/C with HMO (370 mg/ 50 ml)	9,600.00
CTS00032	UPPER/LOWER ABDOMEN PLAIN	5,410.00

SAINT GABRIEL MEDICAL CENTER, INC.

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

CT-SCAN Item Price List for Inpatient

CTS00033	Whole Abdomen P/C (2 Phase) w/ HMO (350 mg/50 ml)	11,815.00
CTS00034	Whole Abdomen P/C (2 Phase) w/ HMO (370 mg/50 ml)	11,815.00
CTS00035	WHOLE ABDOMEN PLAIN	10,500.00
CTS00036	Whole Abdomen Plain with HMO	8,860.00
CTS00037	WHOLE ABDOMEN W/ CONTRAST	10,540.00
CTS00038	WHOLE ABDOMEN W/ CONTRAST (3PHASE)	11,860.00
CTS00039	TECH FEE (CTSCAN)	1,000.00
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