



SAINT GABRIEL MEDICAL CENTER, INC.

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

CT SCAN Item Price List for Outpatient

CT SCAN EXAMS		
Item ID	Item Description	PRICE RANGE
CT00039	EXTREMITIES (SHORT)	6, 000-7000
CTS00001	Cervical/Neck P/C	11, 000 TO 14, 000
CTS00002	CERVICAL/NECK PLAIN	6000.00
CTS00003	CHEST P/C	11, 000 TO 14, 000
CTS00010	CRANIAL PLAIN	5000.00
CTS00011	CRANIAL W/ CONTRAST	9, 000 TO 12, 500
CTS00014	EXTREMITIES (LONG)	7, 000 TO 8, 000
CTS00017	LOW DOSE CHEST	6000.00
CTS00018	LUMBAR SPINE PLAIN	6000.00
CTS00019	LUMBAR SPINE W/ CONTRAST	11, 000 TO 13, 500
CTS00020	ORBITS/SINUSES/MASTOID	6000.00
CTS00023	PELVIC P/C	11, 000 TO 14, 000
CTS00024	PELVIC PLAIN	6000.00
CTS00025	STONOGRAM	9000.00
CTS00027	THORACIC (SPINE) W/ CONTRAST	15, 000 TO 18, 000
CTS00028	Thoracic Spine Plain	10000.00
CTS00029	UPPER/LOWER ABDOMEN P/C	11, 000 TO 15, 000
CTS00032	UPPER/LOWER ABDOMEN PLAIN	6000.00
CTS00035	WHOLE ABDOMEN PLAIN	8175.00
CTS00045	COMPUTED TOMOGRAPHY ANGIOGRAM (BRAIN)	24, 500 TO 26, 500
CTS00046	WHOLE ABDOMEN PLAIN AND CONTRAST	19, 000 TO 23, 000
CTS00047	LIVER TRIPHASIC	18, 000 TO 20, 000
CTS00087	CT URETROGRAM	19, 000 TO 21, 000

NOTE: CONTRAST ALREADY INCLUDED TO THE CONTRAST PROCEDURE PRICES