



External

35. SERVICENAME: PATIENT TRANSPORT

Description of the Service: A non-emergency, specialized transport for patients with medical conditions who cannot use private or public transportation. Service is given to patients needing transport from hospital to home or hospital to hospital.

Office or Division:	Patient Transport Service			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> Referral Form 		<ul style="list-style-type: none"> Attending Physician Nurse Station 		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. If the patient requires emergency or non-emergency transport, such as for hospital discharge, outpatient appointments, or transfers between facilities.	Receive and checks completeness of the referral form	None	5 minutes	Attending Physician Nurse on duty Patient Transport Service Driver on duty
2. The patient will wait for the approval of their	Receive and checks completeness of referral form	None	2 minutes	Patient Transport Service Driver on duty



referral or discharge slip	or discharge slip			
3. The patient then will wait for the nurse on duty or I.W to assist them.	Assists patient to be transported	None	5 minutes	Nurse on duty Institutional Worker on duty Patient Transport Service Driver on duty
TOTAL		None	12 mins	



APPENDIX A

TABLE 1: LABORATORY FEES AND PROCESSING TIME

No.	LABORATORY TEST	PRICE	PROCESSING TIME
1.	CBC	200.00	1 HR
2.	TYPHIDOT	550.00	40 MINS
3.	URINALYSIS	100.00	40 MINS
4.	FECALYSIS	100.00	30 MINS
5.	SPUTUM EXAM	FREE	1 HR
6.	BLOOD TYPING	150.00	1 HR
7.	PREGNANCY TEST	100.00	30 MINS
8.	MALARIA SMEAR	FREE	1 HR
9.	DENGUE DUO	1,200.00	40 MINS
10.	FBS	125.00	3 HRS
11.	UREA	150.00	3 HRS
12.	CREATININE	150.00	3 HRS
13.	TOTAL CHOLESTEROL	150.00	3 HRS
14.	TRYGLYCERIDES	150.00	3 HRS
15.	URIC ACID	150.00	3 HRS
16.	ESR	200.00	3 HRS
17.	PROTIME	450.00	3 HRS
18.	APTT	450.00	3 HRS
19.	BUN	150.00	3 HRS
20.	CREATININE	150.00	3 HRS
21.	ALT	250.00	3 HRS



22.	AST	250.00	3 HRS
23.	ALP	270.00	3 HRS
24.	TOTAL PROTEIN	270.00	3 HRS
25.	ALBUMIN	250.00	3 HRS
26.	GLOBULIN	250.00	3 HRS
27.	TOTAL BILIRUBIN	550.00	3 HRS
28.	SODIUM	380.00	3 HRS
29.	POTASSIUM	380.00	3 HRS
30.	IONIZED CALCIUM	380.00	3 HRS
31.	CHLORIDE	380.00	3 HRS
32.	MAGNESIUM	340.00	3 HRS
33.	LDH	400.00	3 HRS
34.	INORGANIC PHOSPHORUS	285.00	3 HRS
35.	AMYLASE	400.00	3 HRS
36.	LIPASE	400.00	3 HRS
37.	HBSAG	320.00	3 HRS
38.	HEPA A	550.00	3 HRS
39.	HEPA C	380.00	3 HRS
40.	RPR	320.00	3 HRS
41.	DENGUE NS1	600.00	3 HRS
42.	RAPID ANTIGEN	660.00	3 HRS
43.	AFP	1,300.00	3 HRS
44.	TSH	1,100.00	3 HRS
45.	FT3	1,100.00	3 HRS



46.	FT4	1,100.00	3 HRS
47.	CRP	1,500.00	3 HRS
48.	NT PROBNP	2,200.00	3 HRS
49.	D DIMER	1,000.00	3 HRS
50.	FERRITIN	1,000.00	3 HRS
51.	HBA1C	800.00	3 HRS
52.	TROPONIN I	1,200.00	3 HRS
53.	PSA	1,500.00	3 HRS
54.	CLOTTING TIME	70.00	3 HRS
55.	BLEEDING TIME	150.00	3 HRS
56.	CROSS MATCHING	2,000.00	3 HRS
57.	CEA	2,300.00	3 HRS
58.	CA 19-9	2,300.00	3 HRS
59.	CA 125	2,300.00	3 HRS
60.	CA 153	280.00	3 HRS
61.	FOBT	FREE	3 HRS

TABLE 2: RADIOLOGY FEES AND PROCESSING TIME

No.	RADIOGRAPHIC EXAMINATION	PRICE	PROCESSING TIME
1.	ABDOMEN FPA	300.00	5 MINS
2.	ABDOMEN FPA (UPRIGHT & SUPINE)	600.00	10 MINS
3.	ANKLE APL	400.00	5 MINS



4.	ANKLE APL/MORTISE	400.00	5 MINS
5.	APICOLODOTIC VIEW (CXR AP)	400.00	5 MINS
6.	ARM APL	400.00	5 MINS
7.	BABYGRAM (CHEST/ABD/EXT)	1,000.00	5 MINS
8.	CERVICAL APL	550.00	10 MINS
9.	CERVICAL LATERAL	300.00	5 MINS
10.	CERVICAL R & L OBLIQUE	600.00	10 MINS
11.	CHEST APL	600.00	10 MINS
12.	CHEST PA	300.00	5 MINS
13.	ELBOW APL	400.00	5 MINS
14.	FEMUR	400.00	5 MINS
15.	FOOT APL	400.00	5 MINS
16.	FOREARM APL	400.00	5 MINS
17.	HAND APO	400.00	5 MINS
18.	HIP AP	400.00	5 MINS
19.	HIP APL	600.00	5 MINS
20.	KNEE	400.00	5 MINS
21.	KUB PLAIN	400.00	5 MINS
22.	LATERAL DECUBITUS (R AND L)	550.00	40 MINS
23.	LATERAL VIEW OF THE CHEST	300.00	5 MINS
24.	LEG T APL	400.00	5 MINS
25.	LUMBAR SPINE APL	600.00	15 MINS
26.	LUMBOSACRAL AP	300.00	10 MINS
27.	LUMBOSACRAL APL	900.00	15 MINS



28.	MANDIBLE APL	600.00	10 MINS
29.	MANDIBLE APO	600.00	10 MINS
30.	MASTOID (LEFT & RIGHT OBLIQUE) -TOWNES	900.00	10 MINS
31.	MASTOID AP - TOWNES VIEW ONLY	300.00	5 MINS
32.	MASTOID APL OBLIQUE	900.00	10 MINS
33.	NASAL BONE APL	600.00	5 MINS
34.	NASAL BONE (WATER'S, L&R, LATERAL VIEWS)	900.00	10 MINS
35.	PARANASAL SINUSES	900.00	10 MINS
36.	PELVIC AP	300.00	5 MINS
37.	PELVIC AP-O	600.00	5 MINS
38.	SACRO-COCCYGEAL APL	600.00	5 MINS
39.	SHOULDER AP	300.00	5 MINS
40.	SKULL APL	600.00	5 MINS
41.	T-CAGE AP	300.00	5 MINS
42.	T-CAGE APL	600.00	5 MINS
43.	TEMPOROMANDIBULAR JOINT AP OBLIQUE	600.00	10 MINS
44.	THIGH APL	400.00	10 MINS
45.	THORACIC SPINE APL	600.00	10 MINS
46.	THORACOLUMBAR APL	950.00	10 MINS
47.	TOWNE'S VIEW	400.00	5 MINS
48.	WRIST APL	400.00	5 MINS
49.	WHOLE ABOMINAL ULTRASOUND	2,000.00	1 HR



50.	HBT ULTRASOUND	1,300.00	45 MINS
51.	KUB ULTRASOUND	1,300.00	45 MINS
52.	UPPER ABDOMEN ULTRASOUND	1,450.00	45 MINS
53.	LOWER ABDOMEN ULTRASOUND	1,450.00	45 MINS
54.	TRANSRECTAL ULTRASOUND	1,300.00	45 MINS
55.	LOWER ABDOMEN PELVIC ULTRASOUND	1,300.00	45 MINS
56.	TRANSVAGINAL ULTRASOUND	950.00	45 MINS
57.	SCROTAL ULTRASOUND	1,700.00	45 MINS
58.	CHEST ULTRASOUND	1,200.00	45 MINS
59.	NECK ULTRASOUND	2,500.00	1 HOUR
60.	THYROID ULTRASOUND	1,100.00	45 MINS
61.	BREASTS ULTRASOUND	2,500.00	1 HR AND 30 MINS
62.	FETAL AGING ULTRASOUND	875.00	45 MINS
63.	BPS ULTRASOUND	1,200.00	45 MINS
64.	CRANIAL CT SCAN PLAIN	4,000.00	15 MINS
65.	CRANIAL CT SCAN WITH CONTRAST	6,500.00	20 MINS
66.	NECK	7,000.00	15 MINS
67.	NECK WITH CONTRAST	9,500.00	30 MINS
68.	TEMPORAL	8,000.00	15 MINS
69.	TEMPORAL WITH CONTRAST	10,500.00	30 MINS
70.	PHARYNX	8,000.00	10 MINS
71.	PHARYNX WITH CONTRAST	10,500.00	30 MINS



72.	NASOPHARYNX	8,000.00	15 MINS
73.	NASOPHARYNX WITH CONTRAST	10,500.00	30 MINS
74.	FACIAL	11,000.00	15 MINS
75.	FACIAL WITH CONTRAST	13,500.00	30 MINS
76.	PNS	11,000.00	15 MINS
77.	PNS WITH CONTRAST	13,500.00	30 MINS
78.	WHOLE ABDOMEN PLAIN	10,000.00	30 MINS
79.	WHOLE ABDOMEN WITH CONTRAST	17,500.00	45 MINS
80.	WHOLE ABDOMEN TRIPPLE CONTRAST	20,050.00	1 HR
81.	WHOLE ABDOMEN TRIPPHASIC CONTRAST	30,000.00	1 HR AND 30 MINS
82.	CHEST PLAIN	6,500.00	15 MINS
83.	CHEST WITH CONTRAST	11,500.00	30 MINS
84.	THORACIC	6,500.00	15 MINS
85.	THORACIC WITH CONTRAST	9,000.00	30 MINS
86.	ORBITAL	8,500.00	15 MINS
87.	ORBITAL WITH CONTRAST	10,500.00	30 MINS
88.	LOWER ABDOMEN	7,000.00	15 MINS
89.	LOWER ABDOMEN WITH CONTRAST	12,000.00	45 MINS
90.	UPPER ABDOMEN	7,000.00	15 MINS
91.	UPPER ABDOMEN WITH CONTRAST	12,000.00	45 MINS
92.	CT STONOGRAM	10,000.00	30 MINS



93.	CT UROGRAM	17,800.00	1 HR AND 30 MINS
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TABLE 3: DENTAL FEES AND PROCEDURE

No.	DENTAL PROCEDURE	PRICE	DURATION
1.	ORAL PROPHYLAXIS (MILD)	450.00	30 MINS
2.	ORAL PROPHYLAXIS (MODERATE)	500.00	30 - 45 MINS
3.	ORAL PROPHYLAXIS (SEVERE)	600.00	45 MINS – 1 HR
4.	ORAL PROPHYLAXIS (E. SEVERE)	700.00	1 HR – 1 ½ HR
5.	FLUORIDE TREATMENT	300.00	15 MINS
6.	RESTORATION/SURFACE (DEPTH A)	450.00	30 – 45 MINS
7.	RESTORATION/SURFACE (DEPTH B)	500.00	30 – 45 MINS
8.	RESTORATION/SURFACE (DEPTH C)	550.00	45 MINS – 1 HR
9.	TEMPORARY FILLING (IRM)	500.00	45 MINS – 1 HR
10.	PIT & FISSURE SEALANT	450.00	30 MINS
11.	DEEP SCALING/QUADRANT	600.00	30 MINS – 1 HR
12.	CLOSED/SIMPLE EXTRACTION	450.00	30 MINS – 1 HR
13.	CLOSED EXTRACTION WITH SUTURE	500.00	30 MINS – 1 HR
14.	OPEN EXTRACTION (COMPLICATED)	800.00	1 – 1 ½ HR
15.	THIRD MOLAR EXTRACTION (SIMPLE)	1,500	45 MINS – 1 HR
16.	THIRD MOLAR EXTRACTION (COMPLICATED)	2,000.00	45 MINS – 1 HR



17.	ALVEOLOPLASTY	2,000.00	1 HR – 2 HRS
18.	GINGIVECTOMY/TOOTH	800.00	1 HR
19.	OPERCULECTOMY	1,800.00	30 MINS – 1 HR
20.	INCISION & DRAINAGE	2,500.00	1 HR – 2 HRS
21.	TORUS REMOVAL/QUADRANT	2,500.00	1 HR – 1 ½ HR
22.	FRENECTOMY	2,500.00	1 HR – 1 ½ HR
23.	FIXATION OF AVULSED TOOTH (PER TOOTH	800.00	1 HR
24.	DIGITAL PERIAPICAL RADIOGRAPH	250.00	5 – 10 MINS
25.	CEMENTATION OF CROWN (GIC)	600.00	15 – 30 MINS
26.	CEMENTATION OF CROWN (RESIN CEMENT)	800.00	15 – 30 MINS
27.	DIRECT COMPOSITE VENEER	1,000.00	1 – 2 HRS
28.	ORO-ANTRAL MANAGEMENT	6,000.00	1 – 3 HRS
29.	EXCISIONAL BIOPSY	5,000.00	1 – 3 HRS
30.	INCISIONAL BIOPSY	6,000.00	1 – 3 HRS