



OFFICE OF THE SANGGUNIANG PANLUNGSOD

Tax Ordinance 018-2021  
June 07, 2021

AN ORDINANCE PRESCRIBING THE RATES FOR STANDARD CLINICAL LABORATORY SERVICES AND ANCILLARY SERVICES IN THE CITY OF ILAGAN MEDICAL CENTER (CIMC).

Author: Honorable Lillian Q. Bringas, MD, FPSMSI, RN, MAN

**WHEREAS**, Section 16 of Republic Act 7160 mandates Local Government Units to exercise the power expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare;

**WHEREAS**, the City Government of Ilagan, resolute in attaining social improvements and better quality of life for its inhabitants, established the City of Ilagan Medical Center to ensure the provision of holistic, efficient, affordable, and accessible health services;

**WHEREAS**, the City of Ilagan Medical Center (CIMC) offers various clinical laboratory as well as ancillary diagnostic services to yield relevant health information, which health care providers use for better diagnosis, prevention, and treatment of diseases that enables medical practitioners to make the right diagnostic and therapeutic decisions, maximizing interventions to improve health and quality of life;

**WHEREAS**, aside from the early detection of diseases, a pre-employment medical examination is being required by employers to determine whether an individual is fit to perform his or her job without risks to himself or others, increasingly necessitating these services;

**WHEREAS**, these services are in accordance with the rules and regulations governing the licensure regulations and issuances of permits to various clinical laboratory and ancillary services in the Philippines as promulgated by the Department of Health and other concerned national agencies;

**WHEREAS**, the corresponding fees that shall be imposed for clinical laboratory and ancillary services rendered shall be undertaken by the CIMC under the City Local Government Unit of Ilagan;

**NOW, THEREFORE**

**BE IT ORDAINED** by the Sangguniang Panlungsod of the City of Ilagan in its Regular Session assembled, that:

**Section 1. Title.** This Ordinance shall be known as Tax Ordinance 018-2021, otherwise known as "CIMC Clinical Laboratory and Ancillary Services Rates."

**Section 2. Objectives.** This ordinance shall prescribe fees for standard clinical laboratory and ancillary services in the City of Ilagan Medical Center.

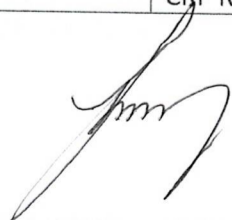
**Section 3. Definition of Terms.** The following terms in this Ordinance shall mean:

- a. Hematology – the study of the physiology of blood, which includes but not limited to CBC, CBC with platelet count, platelet count, WBC, RBC, differential count, blood typing, BSM, clotting and bleeding time, ESR, clotting time, hemoglobin, protime/PTPA, APTT, toxic granules, and blood malarial smear.

- b. Immunology – a division of hematology concerned with the immune system or antigen-antibody reactions and with related changes in the blood.
- c. Serology – a study of serum and body fluids.
- d. Blood Chemistry – analysis of bodily fluids for diagnostic and therapeutic purposes.
- e. Microscopy – scientific analysis of non-blood body fluids such as urine, semen, and stool
- f. Medical Ultrasound – is a diagnostic imaging technique or therapeutic application of ultrasound. It is used to create an image of internal body structures such as tendons, muscles, joints, blood vessels, and internal organs. Its aim is often to find a source of disease to exclude pathology.
- g. X-Ray – a type of radiation called electromagnetic waves that can create pictures of the inside of the human body.
- h. Mobile X-Ray – an X-Ray machine that can be transported or transferred to different rooms or parts of the hospital where it is needed.
- i. CT SCAN or CAT SCAN (Computed Tomography or Computerized Tomography) – Machines that use computers and rotating X-Ray machines to create cross-sectional images of the body. These images provide more detailed information than normal x-ray images, such as soft tissues, blood vessels, and bones in various parts of the body.

**Section 4. Service Fees.** The corresponding fees for standard clinical laboratory services and ancillary services provided by the CIMC are as follows:

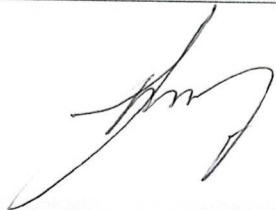
Section	Laboratory Test	Rate
<b>HEMATOLOGY</b>	CBC	200.00
	CBC with Platelet Count	220.00
	Platelet Count	100.00
	WBC	100.00
	RBC	100.00
	Differential Count	100.00
	Blood Typing	150.00
	BSM	200.00
	Clotting + Bleeding Time	100.00
	Clotting Time	70.00
	Bleeding Time	70.00
	ESR	200.00
	Hemoglobin	75.00
	Protime/PPTA	450.00
	APTT	450.00
	Toxic Granules	200.00
	Blood Malarial Smear	0.00
<b>SEROLOGY/IMMUNOLOGY</b>	ASO Titer	320.00
	HBSag	320.00
	Salmonella Typhi	550.00
	Syphilis-ICT/RPR	320.00
	HAV	550.00
	HCV	380.00
	Dengue NS1	600.00
	AFP Rapid Quantitative Test	1,500.00
	CRP Rapid Quantitative Test	1,500.00

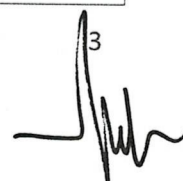



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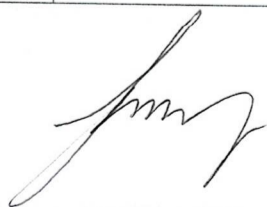


<b>BACTERIOLOGY</b>	PSA Rapod Quantitative Test	1,000.00
	Gram Staining	200.00
	AFB Stain	200.00
	Culture/Sensitivity	2,000.00
	Blood C/S	2,500.00
<b>MICROSCOPY</b>	KOH	200.00
	Urinalysis	100.00
	Pregnancy Test	100.00
	Fecalysis	100.00
	Sperm Analysis	200.00
<b>CROSS MATCHING</b>	Fecal Occult Blood Test	280.00
<b>BLOOD CHEMISTRY</b>		200.00
	Random Blood Sugar (RBS)	150.00
	FBS	125.00
	Blood Uric Acid (BUA)	150.00
	Cholesterol	150.00
	HDL	150.00
	LDL	150.00
	Triglyceride	150.00
	Lipid Profile	750.00
	Blood Urea Nitrogen	150.00
	Creatinine	150.00
	Bilirubin	550.00
	ALP (Alkaline Phosphate)	270.00
	Potassium	380.00
	Sodium	380.00
	Chloride	380.00
	Calcium	380.00
	SGPT/ALT	250.00
	SGOT/AST	250.00
	Amylase	270.00
	PSA	1,050.00
	TSH	550.00
	T4	550.00
	T3	550.00
	FT4	550.00
	FT3	550.00
	Troponin 1	1,00.00
	Albumin	250.00
	Total Protein	270.00
	HBA 1C	800.00
	Magnesium	320.00
	Inorganic Phosphorous	270.00
	B-HCG rapid Quantitative Test	1,300.00
CK-MB Rapid Quantitative Test	800.00	
<b>ULTRASOUND</b>	Biophysical Profile Scoring	1,000.00
	Breast	700.00
	Chest	900.00
	Congenital Scan	1,500.00
	Cranial	700.00
	HBT – Spleen	800.00
	Hepatobiliary Tree (HBT)	800.00
	Kidney, Urinary Bladder (KUB)	800.00
	Kidney, Urinary Bladder, Pelvic (KUB-P)	850.00
	LGPS	850.00
	Lower Abdomen	800.00





	Lower Abdomen with Transrectal	800.00
	Lower Abdomen with TVS	800.00
	Pelvic	700.00
	Pelvic, Pregnant	850.00
	Thyroid	800.00
	Transrectal	800.00
	Transvaginal	850.00
	Upper Abdomen	800.00
	Whole Abdomen	1,000.00
	Whole Abdomen with TVS	1,200.00
<b>X-RAY (Common Procedures)</b>	Abdomen	300.00
	Abdomen FPA (Upright and Supine)	600.00
	Ankle APL	300.00
	Ankle APL/Mostise	300.00
	Apicolodotic view (CSR AP)	300.00
	Arm APL	300.00
	Babygram (chest/abd/ext)	1,000.00
	Cervical APL	550.00
	Cervical Lateral	300.00
	Cervical R & L Oblique	550.00
	Chest AP	300.00
	Chest APL	550.00
	Chest APL 8 x 10	550.00
	Chest Oblique	300.00
	Chest PA	300.00
	Chest PAL 10 x 12	550.00
	Chest PAL 11 x 14	550.00
	Elbow Left APL	300.00
	Elbow Right APL	300.00
	Extremities	300.00
	Femur	300.00
	Foot APL	300.00
	Forearm Right APL	300.00
	Hand AP, O	300.00
	Hip AP	300.00
	Hip APL	350.00
	Knee	300.00
	KUB Plain	300.00
	Lateral Decubitus (R and L)	550.00
	Lateral Decubitus (R or L)	300.00
	Lateral View of the Chest	300.00
	Left Forearm APL	300.00
	Left Leg APL	300.00
	Leg Right APL	300.00
	Lumbar Spine APL	550.00
	Lumbosacral AP	300.00
	Lumbosacral APL	900.00
	Mandible APL	550.00
	Mandible APO	550.00
	Mastoid (Left & Right Oblique) – Townes	900.00
	Mastoid AP – Townes View only	300.00
	Mastoid APL Oblique	900.00
	Nasal Bone APL	550.00
	Nasal Bone (Water's, L&R, Lateral Views)	900.00
Paranasal Sinuses	900.00	
Pelvic AP	300.00	





	Pelvic AP-O	550.00
	Pelvimetry APL	900.00
	Sacro-coccygeal APL	550.00
	Shoulder	300.00
	Skull AP	300.00
	Skull APL	550.00
	Skull APO	550.00
	T-Cage AP	300.00
	T-Cage APL	660.00
	Temporomandibular Joint AP Oblique	550.00
	Thigh APL	300.00
	Thoracic Spine APL	550.00
	Thoracolumbar APL	950.00
	Towne's View	300.00
	Wrist	300.00
	Reading Fee, outside	100.00
	Reading Fee, 2 Films	100.00
<b>MOBILE X-RAY</b>	Extremities	600.00
	Abdomen AP	600.00
	Abdomen APL	900.00
	Chest AP	600.00
	Chest APL	1,100.00
	Pelvic AP	600.00
	Skull AP	600.00
	Skull APL	1100.00
<b>CT Scan</b>	Brain Circle of Willis	11,250.00
	Cervical	5,625.00
	Chest CT Biopsy	11,000.00
	Chest with Contrast	4,375.00
	Cranial with Contrast	4,000.00
	Extremities (joints, ankle, knee, etc)	3,500.00
	Facial	5,325.00
	Liver Study	5,325.00
	Lower Abdomen	5,000.00
	Lower Extremities	5,000.00
	Lumbar	4,375.00
	Lumbosacral Spine	5,625.00
	Nasopharynx	4,375.00
	Neck	4,000.00
	Orbital	4,375.00
	Paranasal Sinuses	4,375.00
	Pelvic	5,625.00
	Pharynx	7,500.00
	Plain Chest	3,750.00
	Plain Cranial	3,200.00
	Plain Whole Abdomen	6,875.00
	Sacral	4,375.00
	Stonogram	5,000.00
	Temporal Bone	5,000.00
	Temporomandibular Joint	4,375.00
	Thoracic Spine 12 VB	6,250.00
	Thoracic Spine 6 VB	5,000.00
	Thoracolumbar 17VB	8,750.00
	Thoracolumbar 4VB	4,375.00
	Thoracolumbosacral	7,500.00
	Upper Abdomen	5,000.00




	Upper Extremities	4,375.00
	Contrast	2,300.00
	Power Injector/Syringe	2,300.00

**Section 5. Exemptions.** The following are exempted from paying the service fees:

- a) LGU Sponsored indigent residents of the City of Ilagan certified by Barangay Chairman and City Social Welfare and Development Officer, provided that a prior consultation is made at any of the City Health Centers and Barangay Health Stations.
- b) Exemptions upon the recommendation of the Local Chief Executive.

**Section 6. Discounted Rates.** Discounted rates shall apply as follows:

- a) 20% Discount to Senior Citizens with valid Senior Citizen Identification Card.
- b) 20% Discount for Persons with Disabilities with valid PWD Identification Card.
- c) Discounts given upon the discretion of the Local Chief Executive.

**Section 7. Enforcement.** The Medical Director of the City of Ilagan Medical Center is directed to implement and enforce this ordinance. Accordingly, the CIMC Medical Director shall recommend to the City Mayor the necessary adjustments on the fees herein provided based on the prevailing market prices of reagents, consumables, and other supplies.

The Sangguniang Panlungsod shall evaluate and adopt as an amendment to this ordinance any adjustments on the fees imposed for the standard clinical laboratory and ancillary services rendered based on the recommendation of the City Mayor.

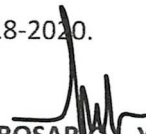
**Section 8. Separability Clause.** If for any reason, any part or provision of this Ordinance shall be held unconstitutional or invalid by a competent Court, other parts or provisions hereof, which are not affected thereby, shall continue to be in full force and effect.

**Section 9. Repealing Clause.** All existing laws, ordinances, or rules and regulations contrary to the provision of this Ordinance are hereby repealed or amended accordingly.

**Section 10. Effectivity.** This Ordinance shall take effect immediately after fifteen (15) days following its publication in a newspaper of general circulation in the locality.

**ENACTED: June 07, 2021.**

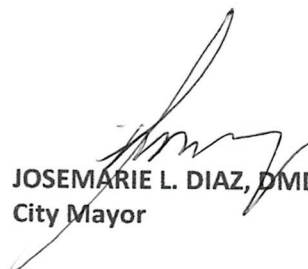
I HEREBY CERTIFY the correctness of the foregoing Tax Ordinance No. 018-2020.

  
**MARIA ROSARIO Y. YUMUL**  
 Secretary, Sangguniang Panlungsod

ATTESTED:

  
**KIRYLL S. BELLO**  
 Vice Mayor & Presiding Officer

APPROVED:

  
**JOSEMARIE L. DIAZ, DMD, MBA**  
 City Mayor