



Republic of the Philippines  
**PROVINCE OF NEGROS OCCIDENTAL**  
 Old Capitol Building, Bacolod City  
 Tel. No. 707-8075 (Admin) \* 435-7698 (Board Member) \* 709-0121 (Legislative Division)  
**OFFICE OF THE SANGGUNIANG PANLALAWIGAN**

***EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF NEGROS OCCIDENTAL HELD IN THE CITY OF BACOLOD ON THE 14<sup>TH</sup> DAY OF DECEMBER, 2020***

**PRESENT:**

|  |                                   |
|--|-----------------------------------|
| Hon. Jeffrey P. Ferrer                   | Vice Governor/Presiding Officer   |
| Hon. Rommel T. Debulgado                 | Member - 1 <sup>st</sup> District |
| Hon. Araceli T. Somosa                   | Member - 1 <sup>st</sup> District |
| Hon. Sixto Teofilo Roxas V. Guanzon, Jr. | Member - 2 <sup>nd</sup> District |
| Hon. Samson C. Mirhan                    | Member - 2 <sup>nd</sup> District |
| Hon. Manuel Frederick O. Ko              | Member - 3 <sup>rd</sup> District |
| Hon. Andrew Gerard L. Montelibano        | Member - 3 <sup>rd</sup> District |
| Hon. Jose Benito A. Alonso               | Member - 4 <sup>th</sup> District |
| Hon. Victor B. Javellana                 | Member - 4 <sup>th</sup> District |
| Hon. Agustin Ernesto G. Bascon           | Member - 5 <sup>th</sup> District |
| Hon. Valentino Miguel J. Alonso          | Member - 6 <sup>th</sup> District |
| Hon. Jeffrey T. Tubola                   | Member - 6 <sup>th</sup> District |
| Hon. Ryan Milos Romeo M. Gamboa          | Member - PCL Rep.                 |
| Hon. Juvy A. Pepello                     | Member - ABC Rep.                 |
| Hon. Pocholo C. Yuvienco                 | Member - SK Rep.                  |
| <b>ON OFFICIAL BUSINESS:</b>             |                                   |
| Hon. Rita Angela S. Gatuslao             | Member - 5 <sup>th</sup> District |

**ORDINANCE NO. 2020-010**  
**Series of 2020**

***AN ORDINANCE PRESCRIBING THE RATES FOR THE UTILIZATION OF THE COMPUTERIZED TOMOGRAPHY SCAN BETTER KNOWN AS CT SCAN MACHINE AND THE REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION BETTER KNOWN AS RT-PCR MACHINE FOR ALL HOSPITALS OWNED AND MANAGED BY THE PROVINCIAL GOVERNMENT OF NEGROS OCCIDENTAL***

Be it ordained by the Members of the Sangguniang Panlalawigan in a Regular Session:

WHEREAS, the Department of Health (DOH) through its Health Facility Enhancement Program donated and installed a computerized tomography scan better known as CT scan at the Teresita L. Jalandoni Provincial Hospital (TJLPH) owned by the Provincial Government of Negros Occidental;

WHEREAS, the Teresita Lopez Jalandoni Provincial Hospital (TLJPH) has been certified by the Research Institute for Tropical Medicine (RITM) to operate a molecular laboratory and has been conducting Reverse Transcription Polymerase Chain Reaction (RT-PCR) tests for coronavirus disease (COVID-19) since June 1, 2020;

WHEREAS, there is a need to fix the rate for the utilization of the CT scan and RT-PCR machine not only at TJLPH, but on all hospitals of the Provincial Government of Negros Occidental;

*Mr*



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WHEREAS, rates from different organizations and hospitals have been presented and shown in the following manner:

**CT SCAN RATES FROM DIFFERENT HOSPITALS**

| CT SCAN PROCEDURES                            | DUMAGUETE PROVINCIAL HOSPITAL |             | PREVAILING FROM PRIVATE HOSPITAL |            | THE DOCTORS HOSPITAL |             | BACOLOD ADVENTIST MEDICAL CENT |             |
|---|-------------------------------|-------------|----------------------------------|------------|----------------------|-------------|--------------------------------|-------------|
|   | PLAIN                         | W/ CONTRAST | PLAIN                            | W/CONTRAST | PLAIN                | W/ CONTRAST | PLAIN                          | W/ CONTRAST |
| CRANIAL                                       | 1,500.00                      | -           | 2,500.00                         | 5,500.00   | 3,000.00             | 6,500.00    |                                |             |
| FACIAL BONES                                  | 1,500.00                      | -           | 5,700.00                         |            | 6,300.00             | 9,000.00    |                                |             |
| ORBITS  | 1,500.00                      | -           | 7,000.00                         | 10,000.00  | 7,000.00             | 11,300.00   |                                |             |
| PARANASAL SINUSES                             | 1,750.00                      | -           | 5,700.00                         | 8,700.00   | 6,500.00             | 10,000.00   |                                |             |
| TEMPORAL BONES AND MASTOIDS                   | 1,750.00                      | -           | 7,000.00                         | 10,000.00  | 7,000.00             | 11,300.00   |                                |             |
| FACIAL/Midface/maxillary/mandible             |                               |             | 5,700.00                         | 8,700.00   |                      |             |                                |             |
| PITUITARY GLAND                               | 1,750.00                      | -           | -                                | -          |                      |             | 5,500.00                       | 7,125.00    |
| PITUITARY/SELLA                               |                               |             | 5,700.00                         | 9,200.00   |                      |             |                                |             |
| NECK  | 1,650.00                      | -           | 5,900.00                         | 9,400.00   |                      |             | 5,500.00                       | 9,000.00    |
| NASOPHARYNX                                   | 1,750.00                      | -           | -                                | -          |                      |             | 5,800.00                       | 7,500.00    |
| NASOPHARYNX/MID FACE                          |                               |             | 8,000.00                         | 11,500.00  |                      |             |                                |             |
| NASOPHARYNX/NECK                              |                               |             | 9,000.00                         | 12,500.00  |                      |             |                                |             |
| HIGH RESOLUTION CHEST XRAY                    | 1,750.00                      | -           | 6,000.00                         | 10,000.00  |                      |             | 6,000.00                       | 12,600.00   |
| Chest/Lung Hires                              |                               |             | 4,000.00                         | 8,000.00   |                      |             |                                |             |
| WHOLE ABDOMEN                                 | 2,750.00                      | -           | 11,100.00                        | 16,100.00  | 13,100.00            | 19,500.00   |                                |             |
| UPPER ABDOMEN                                 | 1,750.00                      | -           | 8,000.00                         | 13,000.00  | 10,000.00            | 16,000.00   |                                |             |
| LOWER ABDOMEN                                 | 1,750.00                      | -           | 8,000.00                         | 13,000.00  |                      |             |                                |             |
| CT STONOGRAM                                  | 1,250.00                      | -           | 5,100.00                         | -          | 6,000.00             | 10,500.00   |                                |             |
| STONOGRAM WITH (4,000)                        |                               |             |                                  |            |                      |             |                                |             |
| STONOGRAM (100 CC CONTRAST)                   |                               |             | 9,100.00                         |            |                      |             |                                |             |
| KIDNEYS, ADRENALS, LIVER, PANCREAS AND SPLEEN | 1,750.00                      | -           | 5,700.00                         | 9,700.00   |                      |             |                                |             |
| CERVICAL SPINE                                | 2,000.00                      | -           |                                  |            |                      |             |                                |             |



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| CT SCAN PROCEDURES               | DUMAGUETE PROVINCIAL HOSPITAL |   | PREVAILING FROM PRIVATE HOSPITAL |           | THE DOCTORS HOSPITAL |  | BACOLOD ADVENTIST MEDICAL CENT |  |
|----------------------------------|-------------------------------|---|----------------------------------|-----------|----------------------|--|--------------------------------|--|
|                                  |                               |   |                                  |           |                      |  |                                |  |
| THORACIC SPINE                   | 2,000.00                      | - |                                  |           |                      |  | 7,000.00                       |  |
| THORACOLUMBAR                    | 3,100.00                      | - |                                  |           |                      |  |                                |  |
| LUMBAR                           | 3,000.00                      | - |                                  |           |                      |  | 8,000.00                       |  |
| LUMBOSACRAL                      | 3,000.00                      | - |                                  |           |                      |  |                                |  |
| 1 EXTRIMITY ONLY                 | 1,650.00                      | - |                                  |           |                      |  |                                |  |
| CT GUIDED BIOPSY                 | 1,500.00                      | - |                                  |           |                      |  |                                |  |
| CT ANGIOGRAPHY                   | 3,750.00                      | - |                                  |           |                      |  |                                |  |
| CT MYELOGRAM                     | 3,100.00                      | - |                                  |           |                      |  |                                |  |
| <b>TRIPHASE</b>                  |                               |   |                                  |           |                      |  |                                |  |
| UPPER ABDOMEN                    |                               |   | 14,000.00                        |           |                      |  |                                |  |
| LIVER/PANCREAS                   |                               |   | 12,000.00                        |           |                      |  |                                |  |
| WHOLE ANGIOGRAM w/100cc CONTRAST |                               |   | 17,000.00                        |           |                      |  |                                |  |
| HEAD                             |                               |   | 8,100.00                         | 12,600.00 |                      |  |                                |  |
| RENAL                            |                               |   | 8,100.00                         | 12,600.00 |                      |  |                                |  |
| PULMONARY                        |                               |   | 8,100.00                         | 12,600.00 |                      |  |                                |  |

| <b>RT-PCR TESTING RATES IN NEGROS OCCIDENTAL</b> |              |
|--|--------------|
|  | RATE         |
| 1) PHILIPPINE RED CROSS                          | PHP 4,000.00 |
| 2) THE DOCTORS' HOSPITAL INC.                    |              |
| INDIVIDUAL RATE                                  | PHP 5,500.00 |
| CORPORATE RATE                                   | PHP 5,000.00 |

NOW, THEREFORE, BE IT ORDAINED, after studying the above shown rates of the CT scan and RT-PCR testing procedures, hereunder are the following provisions, to wit:

Section 1. **Title** – This Ordinance shall be known as the **CT Scan and RT-PCR Test Ordinance of 2020**.

Section 2. **Coverage** – This Ordinance shall be applicable to all hospitals owned and managed by the Provincial Government of Negros Occidental;

*(Handwritten signatures)*



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**Section 3: Fees for CT scan Procedures** – The following fees are hereby charged for the CT SCAN Procedures at hospitals owned and managed by the Provincial Government of Negros Occidental, to wit:

| CT SCAN PROCEDURES                                  | PLAIN    | PLAIN + CONTRAST               |   |                           |
|---|----------|--------------------------------|---|---------------------------|
|   |          | CONTRAST                       |   |                           |
|   |          | ULTRAVIST<br>(Php<br>2,347.00) | IOHEXOL/<br>OMNIHEXOL<br>(Php 1,600.00) | SCANLUX<br>(Php 1,600.00) |
| CRANIAL   | 1,600.00 | 3,947.00                       | 3,200.00                                | 3,200.00                  |
| FACIAL BONES  | 1,600.00 | 3,947.00                       | 3,200.00                                | 3,200.00                  |
| ORBITS  | 1,600.00 | 3,947.00                       | 3,200.00                                | 3,200.00                  |
| PARANASAL SINUSES                                   | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| TEMPORAL BONES AND MASTOIDS                         | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| FACIAL/ Midface/<br>maxillary/ mandible             | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| PITUITARY GLAND                                     | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| PITUITARY/SELLA                                     | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| NECK  | 1,750.00 | 4,097.00                       | 3,350.00                                | 3,350.00                  |
| NASOPHARYNX   | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| NASOPHARYNX/MIDFACE                                 | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| NASOPHARYNX/NECK                                    | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| HIGH RESOLUTION CHEST XRAY                          | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| CHEST/LUNG HIRES                                    | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| WHOLE ABDOMEN                                       | 2,850.00 | 5,197.00                       | 4,450.00                                | 4,450.00                  |
| UPPER ABDOMEN                                       | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| LOWER ABDOMEN                                       | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| CT STONOGRAM  | 1,350.00 | 3,697.00                       | 2,950.00                                | 2,950.00                  |
| KIDNEYS, ADRENALS,<br>LIVER, PANCREAS AND<br>SPLEEN | 1,850.00 | 4,197.00                       | 3,450.00                                | 3,450.00                  |
| CERVICAL SPINE                                      | 2,100.00 | 4,447.00                       | 3,700.00                                | 3,700.00                  |
| THORACIC SPINE                                      | 2,100.00 | 4,447.00                       | 3,700.00                                | 3,700.00                  |
| THORACOLUMBAR                                       | 3,200.00 | 5,547.00                       | 4,800.00                                | 4,800.00                  |
| LUMBAR  | 3,100.00 | 5,447.00                       | 4,700.00                                | 4,700.00                  |
| LUMBOSACRAL   | 3,100.00 | 5,447.00                       | 4,700.00                                | 4,700.00                  |
| 1 EXTRIMITY ONLY                                    | 1,750.00 | 4,097.00                       | 3,350.00                                | 3,350.00                  |
| CT GUIDED BIOPSY                                    | 1,600.00 | 3,947.00                       | 3,200.00                                | 3,200.00                  |
| CT ANGIOGRAPHY                                      | 3,850.00 | 6,197.00                       | 5,450.00                                | 5,450.00                  |
| CT MYELOGRAM  | 3,200.00 | 5,547.00                       | 4,800.00                                | 4,800.00                  |



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| <b>TRIPHASE</b>                   |  |          |          |
|-----------------------------------|--|----------|----------|
| UPPER ABDOMEN                     |  | 5,600.00 | 5,600.00 |
| LIVER/PANCREAS                    |  | 4,800.00 | 4,800.00 |
| WHOLE                             |  | 6,800.00 | 6,800.00 |
| <b>ANGIOGRAM w/100cc CONTRAST</b> |  |          |          |
| HEAD                              |  | 5,040.00 | 5,040.00 |
| RENAL                             |  | 5,040.00 | 5,040.00 |
| PULMONARY                         |  | 5,040.00 | 5,040.00 |

**Section 3: Fees for RT-PCR Testing Procedure** – The following fees are hereby charged for the RT-PCR Testing Procedures at hospitals owned and managed by the Provincial Government of Negros Occidental, to wit:

|                  | <b>RATE</b>  |
|------------------|--------------|
| REGULAR PATIENT  | Php 3,500.00 |
| INDIGENT PATIENT | Php 1,500.00 |

**Section 4. Supplement to Provincial Tax Ordinance No. 07-001 as amended-** This Ordinance shall be read together with Section 16 of Provincial Tax Ordinance No. 07-001 as amended by Provincial Tax Ordinance No. 11-001. Thus, after Letter J – ULTRASOUND RATES of Section 16 of Provincial Tax Ordinance No. 07-001, the next letter should now be read and modified/amended as **Letter K – CT scan Rates** as imposed upon and provided for in this Ordinance. Thereafter, Letter L shall be read as **Letter L – DENTAL SERVICES** and Letter M shall be read as **Letter M – OTHER SPECIAL CHARGES**.

**Section 5. Effectivity** – This Ordinance shall take effect upon posting and publication as required by law.

**UNANIMOUSLY CARRIED.**

CERTIFIED CORRECT:

**HON. JEFFREY P. FERRER**  
 Vice-Governor/Presiding Officer

ATTESTED:

**ATTY. MAKI ANGEL O. ASCALON**  
 Provincial Secretary

APPROVED:

**HON. EUGENIO JOSE V. LACSON**  
 Provincial Governor

JAN 8 7 2020