



Republic of the Philippines  
PROVINCE OF LEYTE  
*City of Baybay*  
-0000000-

## Office of the Sangguniang Panlungsod

Excerpt from the

MINUTES OF THE 21<sup>st</sup> REGULAR SESSION OF THE SANGGUNIANG PANLUNGSOD OF BAYBAY CITY, LEYTE HELD AT THE SESSION HALL ON JUNE 20, 2016.

### CITY ORDINANCE NO. 003 S. 2016

AN ORDINANCE ESTABLISHING THE BAYBAY CITY MEDICAL, DIAGNOSTIC AND DIALYSIS CENTER, PRESCRIBING AND FIXING THE RATES FEES AND OTHER CHARGES FOR THE SERVICES RENDERED IN SAID FACILITIES.

SPONSORED BY: HONORABLE EDEN C. BUTAWAN AND HONORABLE TERESITA J. VELOSO.

Be it ordained by the Sangguniang Panlungsod of Baybay in session assembled that:

SECTION 1.- Short Title - This ordinance shall be known as the Baybay City Medical, Diagnostic and Dialysis Center.

SECTION 2.- Declaration of Policy - It is the declared policy of the City Government of Baybay to promote and protect the health of all Baybayanos. It is also its policy to provide good quality health services to all Baybayanon by instituting suitable, accessible and affordable health services.

SECTION 3.- Rates Fees and Charges – The following are the rates, fees and charges for the services rendered by the Center.

#### A.- Medical Diagnostic Center

HEMATOLOGY	FEES
Complete Blood Count (CBC)	80.00
Blood Typing with RH	110.00
Hepatitis BsAg (HbsAg)	150.00
Hepatitis BsAb (HbsAb)	200.00
Tubex TF (Thphoid)	500.00
CLINICAL CHEMISTRY	
Fasting Blood Sugar (FBS)	80.00
Total Cholesterol	120.00
Triglycerides	160.00
HDL	160.00
LDL	170.00
Creatinine	100.00
Blood Urea Nitrogen (BUN)	100.00
Blood Uric Acid (BUA)	120.00
SGOT (AST)	150.00
SGPT (ALT)	150.00
Alkaline Phosphatase (ALP)	170.00
Potassium	250.00
HGT (Hemaglucones)	60.00



LIPID PANEL	500.00
EXECUTIVE PANEL	1,500.00
<b>BACTERIOLOGY</b>	
Acid Fast Bacilli (AFB) Staining	50.00
Gram Staining	100.00
<b>CLINICAL MICROSCOPY</b>	
Urinalysis (U/A)	40.00
Fecalysis/ Stool Exam	40.00
Pregnancy Test	120.00
<b>ULTRA SOUND</b>	
Whole Abdomen	1,150.00
Upper Abdomen	750.00
Lower Abdomen	750.00
HBT (liver & gall bladder)	600.00
KUB (kidney & Urinary Bladder)	600.00
Pelvic/Pelvis	600.00
Single Organ	500.00
Transvaginal	600.00
BPS (fetal Aging)	600.00
<b>RADIOLOGY</b>	
Chest X-ray PA (using 1 film)	150.00
Chest Bucky (AP)	150.00
Each Additional film	60.00
Skull APL	200.00
Lumbo-Sacral APL	250.00
Thoraco-lumbar APL	250.00
Cervical APL	250.00
Plain KUB	300.00
Mandible	200.00
Paranasal Sinuses	250.00
Abdomen Flat plate	200.00
<b>UPPER EXTREMITIES:</b>	
Arm, Elbow, Forearm, Wrist Hand (APL)	150.00
<b>LOWER EXTREMITIES:</b>	
Thigh, Knee, Leg, Femurs, Ankle, Foot (APL)	150.00
Dental X-ray	250.00
<b>DENTAL FEES:</b>	
Oral Prophylaxis	125.00
Tooth Extraction	75.00
Temporary Filing	50.00
<b>DRUG TESTING:</b>	250.00
ECG	120.00
PAP SMEAR	250.00
TBDC (Tuberculosis Diagnostic Committee)	200.00 outside Baybay City (Free for all Baybayanos)
Maternity Care Package	(1,500.00 primigravida) (1,300.00 multigravida) for non Philhealth members only



A-1.- A 50% discount will be given to indigent persons, certified by the CSWD, at the Diagnostic Center.

**B. - DIALYSIS CENTER FEE RATES:**

HIGH FLUX DIALYSIS	NEW DIALYZER		RE-USE DIALYZER	
	PHILHEALTH	NON-PHILHEALTH	PHILHEALTH	NON-PHILHEALTH
DIALYSIS FEE	P 3,200.00	P 3,200.00	P 3,200.00	P 3,200.00
DIALYZER -HIGH FLUX	1,800.00	1,800.00		
SUB TOTAL	5,000.00			
LESS PHILHEALTH	2,600.00		2,600.00	
NET DIALYSIS FEE	2,400.00	5,000.00	600.00	3,200.00
20% DISCOUNT-SC/PWD/Baybay City LGU Employees	480.00	1,000.00	120.00	640.00
TOTAL	1,920.00	4,000.00	480.00	2,560.00

LOW FLUX DIALYSIS	NEW DIALYZER		RE-USE DIALYZER	
	PHILHEALTH	NON-PHILHEALTH	PHILHEALTH	NON-PHILHEALTH
DIALYSIS FEE	P 3,200.00	P 3,200.00	P 3,200.00	P 3,200.00
DIALYZER -HIGH FLUX	1,700.00	1,700.00		
SUB TOTAL	4,900.00			
LESS PHILHEALTH	2,600.00		2,600.00	
NET DIALYSIS FEE	2,300.00	4,900.00	600.00	3,200.00
20% DISCOUNT-SC/PWD/Baybay City LGU Employees	460.00	980.00	120.00	640.00
TOTAL	1,840.00	3,920.00	480.00	2,560.00

B-1.- A 20% discount will be given to all Senior Citizens, Students, Person with Disabilities, LGU Employee and indigent persons as certified by the City Social Welfare Office.

SECTION 4.- Payments Made.- All rates, fees, and charges shall be paid to the City Treasurer or duly authorized representative. All collection will be deposited in a trust fund for the operation and maintenance of the center.

SECTION 5.- Implementing Rule, and Regulations.- The City Health Office as well as all heads/officers of the center shall jointly formulate rules and regulations subject to the approval of the Sangguniang Panlungsod.

SECTION 6.- Repealing Clause.- All ordinances, rules and regulations or part/parts thereof, in conflict with, or inconsistent with any of the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 7. – Separability Clause – If, for any reason or reasons, any part or provision of this Ordinance is declared unconstitutional or invalid, other parts or provisions thereof must affected thereby shall continue to be in full force and effect.

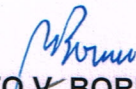
SECTION 8.- Effectivity Clause.- This Ordinance shall take effect 15 days after it publication in daily newspaper or general circulation and review of the Sangguniang Panlalawigan.



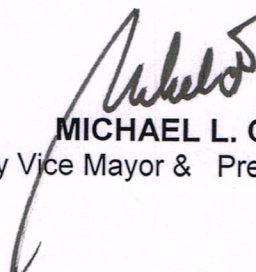
RESOLVED FURTHER, to let certified copies of this ordinance be furnished to the Sangguniang Panlalawigan of Leyte for their information and appropriate action.

Enacted June 20, 2016.

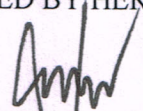
I HEREBY CERTIFY to the correctness of the foregoing ordinance which was duly adopted by the Sangguniang Panlungsod during its regular session held on June 20, 2016.

  
**AMELITO V. BORNEO**  
SP Secretary

ATTESTED AND CERTIFIED  
TO BE DULY ADOPTED:

  
**MICHAEL L. CARI**  
City Vice Mayor & Presiding Officer

APPROVED BY HER HONOR:

  
**CARMEN L. CARI**  
City Mayor

