



**5<sup>TH</sup> SANGGUNIANG PANLUNGSOD**

**CITY ORDINANCE NO. 25, S-2021**

AN ORDINANCE AMENDING CITY ORDINANCE NO. 003, SERIES OF 2016, PRESCRIBING REASONABLE MEDICAL AND DIAGNOSTIC SERVICES FEES ADMINISTERED BY THE CITY GOVERNMENT OF BAYBAY.

Sponsored by: HON. FULTON IKE C. ARRADAZA

**PREFATORY STATEMENT**

WHEREAS, the recommended fees have been carefully and thoroughly studied based from common charges/fees used by all public health units;

WHEREAS, the members of this honourable council had a consensus to lower the prescribed fees and charges by 25% compared to those imposed in the health units of other cities, considering the highly critical economic condition of the people during the pandemic period.

WHEREFORE, on motion of Honorable Dr. Fulton Ike C. Arradaza, SP Chair on Health, and duly seconded by Honorable Philip L. Siu, and Honorable Ramon Ronald J. Veloso,

BE IT ORDAINED, by the 5<sup>th</sup> Sangguniang Panlungsod, this city, in its 30<sup>th</sup> Regular Session assembled on July 29, 2021, an ordinance as hereby is adopted, to wit:

Section 1. Title. This Ordinance shall be known as, "AN ORDINANCE AMENDING CITY ORDINANCE NO. 003, SERIES OF 2016, PRESCRIBING REASONABLE MEDICAL AND DIAGNOSTIC SERVICES FEES ADMINISTERED BY THE CITY GOVERNMENT OF BAYBAY".

**Section 2. Declaration of Policy.** It is the declared policy of the City of Baybay to promote and protect the health of all Baybayanons and the neighboring population who choose to be served by the health facilities of the city by providing them with first-rate health services that are suitable, accessible and affordable.

**Section 3. Scope and Coverage.** This Ordinance shall be effective within the territory of the city of Baybay and covers all Baybayanons and patients coming from the neighboring areas and towns of the 5<sup>th</sup> District of Leyte who wish to avail of the health services of the city.



**Section 4. Definition of Terms.** Whenever any of these terms or words is used in any section or provision of this ordinance, it shall have the meaning given in this section.

- a. BCMDDC – Baybay City Medical Diagnostic and Dialysis Center
- b. CHO – City Health Office
- c. Common – shared by or done often, prevalent
- d. Fees – payments made to a professional person or public body in exchange for services or advice
- e. Health Facility – places that provide health care
- f. Reasonable – rational, appropriate, fair
- g. Services – a system supplying a public need such as health or utilities
- h. WLPH – Western Leyte Provincial Hospital

**Section 5. Adjusted and Uniform Service Fees of All Public Health Units of the City.**  
The following are the adjusted fees and charges:

SERVICES	CHO/BCMDDC	WLPH
<b>Certificates and Permits</b>		
Medical Certificate for Employment	100	100
Medical Certificate for Students	Free	Free
Immunization Certificate	100	100
Death Certificate	Payment at LCR	Payment at LCR
Birth Certificate	Payment at LCR	Payment at LCR
Certificate of Confinement	NA	Free
Medical/Clinical Abstract	Free	Free
Exhumation Permit		
Cadaver	250	NA
Skeletal Remains	150	NA
Human Skeletal Transport Permit	100	NA
Health Card	Free	NA
Medico-Legal Certificate		
Slight Physical Injury	200	200
Less Serious Physical Injury	300	300
Serious Physical Injury	500	500
Necropsy/Post-Mortem Exam	1000	1000
<b>Clinical Laboratory</b>		
CBC w/ platelet	150	150
Hemoglobin and Hematocrit	150	150
Hematocrit and Platelet	150	150
Platelet	100	100
CTBT	100	100

FBS/RBS	100	100
CBG	50	50
Lipid Profile/Panel	500	500
Total Cholesterol	200	200
HDL	200	200
Triglycerides	200	200
BUA	150	150
Creatinine	150	150
BUN	150	150
SGOT	200	200
SGPT	200	200
Alkaline Phosphatase (ALP)	200	200
Na + K + Cl + Ca	1000	1000
HbA1c	500	500
TSH	650	650
T3	650	650
T4	650	650
FT3	650	650
FT4	650	650
Urinalysis	50	50
Fecalalysis/ Stool Exam	50	50
FOBT	200	200
Pregnancy Test	120	120
HBsAg	150	150
HBsAb	700	700
Hep A	400	400
HCV	400	400
HIV 1&2 PA	500	500
Syphilis	300	300
Dengue Rapid Test		
NS1	700	700
IgM/IgG	700	700
NS1, IgG, IgM	1000	1000
Covid-19 Rapid Antigen Test	1000	1000
Blood Typing (w/ Rh)	150	150
Rh Typing	100	100
ABO Typing	100	100
Cross-matching	450	450
AFB	50	50
Gram Staining	200	200
Gene-Expert	Free	NA
<b>Radiology-Ultrasonography</b>		

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Breast UTZ, Unilateral	600	600
Breast UTZ, Bilateral	800	800
Upper Abdomen	800	800
Lower Abdomen	800	800
HBT	750	750
KUB	750	750
Single Organ	600	600
Pelvis	750	750
Whole Abdomen	1300	1300
Transvaginal	750	750
Transrectal	750	750
BPS	800	800
Chest-UTZ	800	800
Cranial-UTZ	800	800
FAST-UTZ	500	500
<b>Radiology- X-ray</b>		
Skull APL	300	300
Sinuses Water's	500	500
Sinuses Caldwell's	500	500
Nasal bone	300	300
Cervical APL	500	500
Cervico-thoracic	500	500
Clavicle AP	250	250
Chest PA	250	250
Chest Lateral	250	250
Chest Bucky	250	250
Chest Apico Lordotic View	250	250
Chest APL	250	250
Arm APL	250	250
Forearm APL	250	250
Elbow APL	250	250
Hands APL	250	250
Wrist APL	250	250
Abdomen FPU	350	350
Chest Decubitus	250	250
Thoraco-lumbar APL	500	500
Pelvis APL	350	350
Lumbrosacral APL	500	500
Hip Joint APL	250	250
Thigh APL	250	250
Leg APL	250	250
Knee APL	250	250

Foot APL	250	250
Foot APOL	350	350
Ankle APL	250	250
Ankle Mortise	250	250
Heel Bone –Axial/Lateral	350	350
Plain KUB	350	350
Mandible	300	300
Facial Bones	250	250
Dental Xray	250	250
Per Additional Film	120/film	120/film
Mobile Xray 1-2 View/s	NA	250
Mobile Xray more than 2 Views	NA	350
Digital Printing (per page)	100/page	100/page
ECG	250	250
<b>Dental</b>		
Tooth Extraction	100/tooth	100/tooth
Temporary Filling	300	300
Permanent Filling	500	500
Prophylaxis	300	300
<b>Room Rates</b>		
Operating Room/Delivery Room Fee	NA	C/S OR – 2,200 DR – 2,000
Minor Operating Room Fee	NA	750
Emergency Room Fee	NA	free
Ward	NA	650/ day
Semi-Private Room (2 beds)	NA	750/ day
Semi-Private Room (3 beds)	NA	700/ day
Private Room	NA	1,200/ day
ICU	P 4,000	P 4,000
NICU	P 4,000	P 4,000
<b>Miscellaneous</b>		
Oxygen	600/ shift (8 hrs)	600/ shift (8 hrs)
Cardiac Monitor	Inclusive in OR charges	Inclusive in OR charges
Cautery	Inclusive in OR charges	Inclusive in OR charges
Incubator	N/A	P 4,000
Nebulizer	50	50
Phototherapy	NA	100/ hr
Ambulance Use		
per Patient Request	P20/ km	P20/ km
per Doctor's Request	free	free
<b>Other Procedures</b>		



Circumcision	500	500
Consultation Fee (Office Hours)	Free	free
Dressing		
Small	100	100
Medium	200	200
Large	300	300
Hearing Test	PhilHealth package	PhilHealth package
Incision and Drainage		
Small	300	300
Medium	500	500
Large	1000	1000
Neuro Psychiatric Exam	1,500	1,500
Removal of Sutures		
Small	100	100
Medium	200	200
Large	300	300
Suturing		
Small	300	300
Medium	500	500
Large	1000	1000
Urinary Catheter Insertion Fee	200	200
ER Consult (Outside office hours)	200	NA
<b>Birth Facility</b>		
NSVD	PhilHealth	PhilHealth
New Born Screening	P1,500 (P550-PhilHealth + P950-Patient's Family Sec. 5 (4&5), Ordinance No. 8, series of 2015	P1,500 (P550-PhilHealth + P950-Patient's Family Sec. 5 (4&5), Ordinance No. 8, series of 2015

For patients occupying a private room in the WLP, a five (5%) percent premium shall be added to their laboratory and pharmacy bills.

Dialysis Fees and Charges, both for High Flux and Low Flux Dialyses, remain unchanged and are kept at the levels authorized in City Ordinance No. 003, series of 2016.

The city mayor may, at his discretion, or upon recommendation of the CSWD, authorize discounts to senior citizens, students, PWD's, LGU employees and indigent persons of as much as twenty percent (20%).

Additionally, Baybay City residents who are BMIS identification card holders shall also be entitled to a 10% discount on all the service fees listed here.



**Section 6. Private Practice and Professional Fees of Government Physicians.** This section adopts the procedures prescribed by the Department of Health (DOH) Administrative Order No. 92, series of 2003, "Revised Policies and Guidelines on the Private Practice of Medical and Paramedical professionals in Government Health Facilities (Annex A)," especially those that refer to government physicians occupying plantilla positions; who are qualified/ eligible for private practice (III and IV.A.), requirements for application for private practice (IV.B.), procedure for certification of issuance of permit for private practice (IV.C.), hospital policies and procedures related to professional fees with special reference to IV.D.5. and special provisions (V.).

Private physicians who wish to practice or bring their patients for admission to the hospital shall sign a Memorandum of Agreement (MOA) indicating therein the terms and conditions of this privilege. The MOA shall be signed between the City Mayor and the doctor practitioner subject to the recommendation of the Chief of Hospital.

The professional fee charged and collected, in this case, shall be between the patient and the private doctor.

**Section 7. Payments.** All payments for services rendered by any of the public health units shall be paid to the treasurer of the city or duly authorized representatives. Collections from these service fees shall be deposited to the general fund, except those specifically identified in Section 5 (Slight Physical Injury, Less Serious Physical Injury, Serious Physical Injury and Necropsy/Post-Mortem Exam) for deposit to a trust fund.

**Section 8. Separability Clause.** The provisions of this Ordinance are hereby declared separable and if one or more provisions are held invalid, or unconstitutional, the remaining provisions hereof are not affected and shall remain valid and in full force and effect.

**Section 9. Repealing Clause.** All ordinances, rules and regulations, or parts thereof, the provision of which are in conflict with or contrary to, the provision of this Ordinance are hereby repealed, amended and modified accordingly.

**Section 10. Effectivity Clause.** This Ordinance shall take effect 15 days upon its approval by the Sangguniang Panlalawigan and after due compliance with all the requirements as provided for under R.A. 7160, otherwise known as the Local Government Code of 1991.

Enacted: July 29, 2021.  
Baybay City, Leyte, Philippines.

CARRIED BY ALL OF THE MEMBERS PRESENT:

ROMULO B. ALCALA  
SP Member

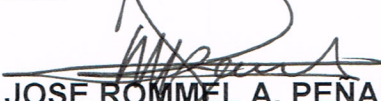
EDGARDOR R. OMPOY  
SP Member


DR. FULTON IKE C. ARRADAZA  
SP Member


RODOLFO S. PALMA, JR.  
SP Member

  
**ARTURO ELISA O. ASTORGA**  
SP Member

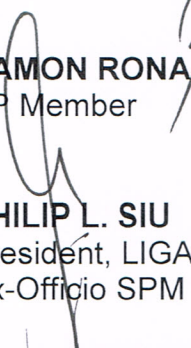
  
**FILEMON F. AVILA**  
SP Member

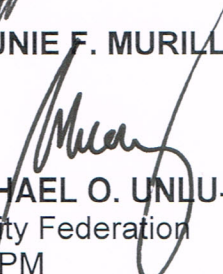
  
**ATTY. JOSE ROMMEL A. PENARANDA**  
SP Member

  
**JORGE V. REBUCAS**  
SP Member

  
**RAMON RONALD J. VELOSO**  
SP Member

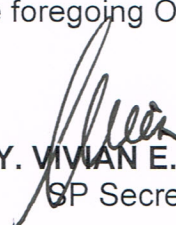
  
**DOMINIC JUNIE F. MURILLO**  
SP Member

  
**PHILIP L. SIU**  
President, LIGA Ng Mga Barangay  
Ex-Officio SPM

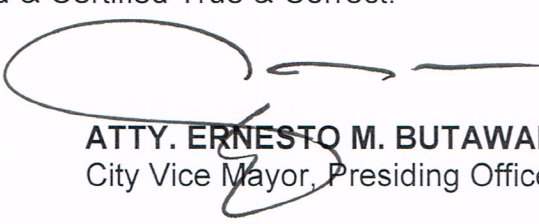
  
**MARK MICHAEL O. UNLU-CAY**  
SK Chair, City Federation  
Ex-Officio SPM

RESOLVED FURTHER, that certified copies of this ORDINANCE be furnished to the City Mayor Honorable Jose Carlos L. Cari, City Administrator Deogracias E. Pernitez; City Legal Officer, Atty. Avito C. Cahig, Jr.; City Budget Officer, Raul Mabini; City Accountant Jay Ryan Austero; OIC - City Treasurer Alberta A. Manatad, CLGOO Juvy C. Pedrera, and to all other offices/agencies/entities concerned for their information, guidance and appropriate action.

I HEREBY CERTIFY to the correctness of the foregoing Ordinance.

  
**ATTY. VIVIAN E. VIDALLON**  
SP Secretary

Attested & Certified True & Correct:

  
**ATTY. ERNESTO M. BUTAWAN**  
City Vice Mayor, Presiding Officer

Approved by His Honor:

  
**ENGR. JOSE CARLOS L. CARI**  
City Mayor

Date Approved: 8/25/21