



Office of the Sangguniang Panlungsod

3rd Floor City Hall, Diversion Road, Brgy. Gaas, Baybay City, Leyte 6521 @ panlungsodsangguniang@gmail.com

6TH SANGGUNIANG PANLUNGSOD

CITY ORDINANCE NO. 06, S. 2023
14th Regular Session

"AN ORDINANCE FIXING THE CHARGES/FEEES ON THE USE OF THE CT SCAN AND MRI MACHINES AT THE BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL (BCICH), AND FOR OTHER PURPOSES"

Authored by: **Hon. Fulton Ike C. Arradaza**

PREFATORY STATEMENT

WHEREAS, a thorough study had been conducted by a technical working group composed of consultants, radiologists and the management of the hospital on what are reasonable charges/fees on the use of the CT Scan and MRI Machines;

WHEREAS, the recommended fees are cheaper than what private hospitals in and around the province of Leyte are charging patients and comparable to that in public hospitals, as evidenced by a survey conducted for this purpose;

WHEREAS, there is an immediate need for the CT Scan and MRI Machines to become operational as revealed by series of queries from medical personnel and doctors in the city and the surrounding areas of the 5th district of Leyte;

WHEREFORE, on motion of Dr. Fulton Ike C. Arradaza, Sangguniang Panlungsod Chairman on the Committee on Health & Sanitation, and duly seconded by the majority of the council members present;

BE IT ORDAINED, as it is hereby ordained by the 6th Sangguniang Panlungsod of this City, on its 14th regular session on April 13, 2023, an ordinance is hereby adopted to wit:

Section 1. Title. This ordinance shall be known as **"AN ORDINANCE FIXING THE CHARGES/FEEES ON THE USE OF THE CT SCAN AND MRI MACHINES AT THE BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL (BCICH), AND FOR OTHER PURPOSES"**.

Section 2. Declaration of Policy. It is the declared policy of the City of Baybay to promote, protect and enhance the health status of its citizens and those of that of the neighbouring communities by providing them with the most suitable, accessible and affordable health services.

Section 3. Scope and Coverage. This Ordinance shall be effective within the territory of the City of Baybay and covers all its citizens as well as those patients from the surrounding areas and towns who choose to avail of the health services of the city.

Section 4. Definition of Terms. For purposes of this Ordinance, the following terms shall refer to and/ or mean as hereunder defined:

- a. **BCICH** - Baybay City Immaculate Conception Hospital (formerly WLPH)
- b. **CT Scan** - Computed Tomography Scan which is a procedure that uses a computer linked to an X-Ray machine to make a series of detailed pictures of areas inside the human body
- c. **Fees** - payments made to a professional person or public entity in exchange for services or advice
- d. **CS** - cost of supply
- e. **MRI** - Magnetic Resonance Imaging
- f. **Reasonable** - appropriate, fair
- g. **Services** - a system supplying a public need such as health or utilities
- h. **Indigent Resident Patients** – refers to indigent patients duly declared and registered as such by the CSWDO and who are residents of the city.
- i. **Extremity** - an end part of a limb of the body such as arm, hand, leg or foot
- j. **HF** - hospital fee
- k. **PF** - professional fee
- l. **STAT** - a common medical abbreviation meaning rush or urgent

Section 5. CT Scan Fees and Charges. The following are the recommended fees and charges for the use of the CT Scan machine:

	PLAIN PROCEDURES	HF	PF	TOTAL
1	Brain	3,340.00	835.00	4,175.00
2	Neck	5,065.00	1,265.00	6,330.00
3	Cervical Spine	4,050.00	1,012.00	5,062.00
4	Thoracic Spine	4,625.00	1,156.00	5,781.00
5	Lumbar Spine	4,625.00	1,156.00	5,781.00
6	Chest	5,065.00	1,265.00	6,330.00
7	Whole Abdomen	6,750.00	1,685.00	8,435.00
8	Upper/Lower Abdomen	4,590.00	1,145.00	5,735.00
9	Pelvis	4,590.00	1,145.00	5,735.00
10	KUB (Sonogram)	5,400.00	1,350.00	6,750.00

	EXTREMITIES	HF	PF	TOTAL
1	Hand, Wrist, forearm, Elbow, Arm, Shoulder	5,100.00	1,275.00	6,375.00

2	Thigh, Knee, Leg, Ankle, Foot	5,100.00	1,275.00	6,375.00
3	Hip	5,100.00	1,275.00	6,375.00
4	Facial Bone	4,875.00	1,218.00	6,093.00
5	PNS	5,625.00	1,405.00	7,030.00
6	Mandible	5,625.00	1,405.00	7,030.00
7	Temporal Bone	6,525.00	1,630.00	8,155.00

	WITH CONTRAST	HF	PF	SUPPLIES	TOTAL	
1	Brain	3,340.00	835.00	-	4,175.00	Plus Actual CS
2	Neck	5,065.00	1,265.00	-	6,330.00	Plus Actual CS
3	Cervical Spine	4,050.00	1,012.00	-	5,062.00	Plus Actual CS
4	Thoracic Spine	4,625.00	1,156.00	-	5,781.00	Plus Actual CS
5	Lumbar Spine	4,625.00	1,156.00	-	5,781.00	Plus Actual CS
6	Chest	5,065.00	1,265.00	-	6,330.00	Plus Actual CS
7	Whole Abdomen	6,750.00	1,685.00	-	8,435.00	Plus Actual CS
8	Upper/Lower Abdomen	4,590.00	1,145.00	-	5,735.00	Plus Actual CS
9	Pelvis	4,590.00	1,145.00	-	5,735.00	Plus Actual CS
10	KUB (Sonogram)	5,400.00	1,350.00	-	6,750.00	Plus Actual CS

	EXTREMITIES	HF	PF			
1	Hand, Wrist, forearm, Elbow, Arm, Shoulder	5,100.00	1,275.00	-	6,375.00	Plus Actual CS
2	Thigh, Knee, Leg, Ankle, Foot	5,100.00	1,275.00	-	6,375.00	Plus Actual CS
3	Hip	5,100.00	1,275.00	-	6,375.00	Plus Actual CS
4	Facial Bone	4,875.00	1,218.00	-	6,093.00	Plus Actual CS
5	PNS	5,625.00	1,405.00	-	7,030.00	Plus Actual CS
6	Mandible	5,625.00	1,405.00	-	7,030.00	Plus Actual CS
7	Temporal Bone	6,525.00	1,630.00	-	8,155.00	Plus Actual CS

Section 6. MRI Fees and Charges. The following are the recommended fees and charges for the use of the MRI machine:

	PLAIN PROCEDURES	HF	PF	SUPPLIES	TOTAL
1	Cranial (Brain)	7,040.00	1,760.00	-	8,800.00
2	Cranial (Brain) MRA	11,520.00	2,880.00	-	14,400.00
3	Orbits	7,360.00	1,840.00	-	9,200.00

4	IAC (Internal Auditory Canal)/ Temporal Bone	5,760.00	1,440.00	-	7,200.00
5	Neck	6,080.00	1,520.00	-	7,600.00
6	Cervical Spine	5,760.00	1,440.00	-	7,200.00
7	Thoracic Spine	6,080.00	1,520.00	-	7,600.00
8	Lumbar Spine	6,080.00	1,520.00	-	7,600.00
9	MRCP (Magnetic Resonance Cholangiopancreatography)	8,320.00	2,080.00	-	10,400.00
10	Upper Abdomen	7,360.00	1,840.00	-	9,200.00
11	Lower Abdomen	7,360.00	1,840.00	-	9,200.00
12	Whole Abdomen	14,400.00	3,600.00	-	18,000.00
13	Knee	6,720.00	1,680.00	-	8,400.00
14	Both knees	10,400.00	2,600.00	-	13,000.00
15	Shoulder	6,720.00	1,680.00	-	8,400.00
16	Both shoulders	10,400.00	2,600.00	-	13,000.00

	WITH CONTRAST	HF	PF	SUPPLIES	TOTAL
1	Cranial (Brain)	7,040.00	1,760.00	-	8,800.00
2	Cranial (Brain) MRA	11,520.00	2,880.00	-	14,400.00

The fees for procedure needing contrast shall use different classes of dye that has to be paid by the patient that is represented in the table as CS. The cost of the supply shall be determined by the type of dye used and its purchase price immediately before its use.

Patients referred on a STAT basis shall be charged a premium of 15% over the listed fees.

The payment (collection of fees from patients) shall strictly follow government accounting and auditing procedures.

The collection from hospital fee and cost of supply shall be deposited to the general fund while the professional fee component shall be deposited to the hospital trust fund. The CT Scan and MRI consultant may request the collection of the professional fee component on a periodic basis agreed upon and stated on the MOA he/she signs with the city.

The benefits that may be granted to OPD and admitted indigent patients on the use of CT Scan and MRI machines shall be in accordance with relevant hospital policies and procedures including benefits granted by law, to senior citizens and persons with disabilities. Indigent resident shall enjoy a 20% discount on all fees provided hereunder.

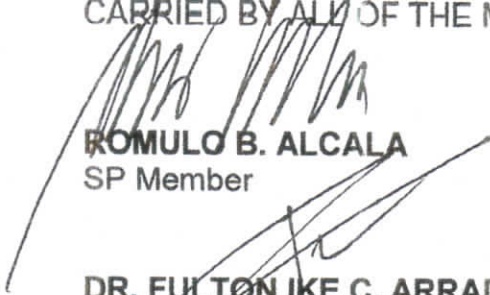
Section 7. Separability Clause. If by any reason(s), any provision in this ordinance is declared unconstitutional and or illegal, the remaining portion of this ordinance shall not be affected, and therefore, remain in full force and effect;

Section 8. Repealing Clause. Local ordinances, orders, rules and regulations, that are inconsistent with this ordinance, are hereby repealed, modified or amended accordingly.

Section 9. Effectivity Clause. This Ordinance shall take effect 15 days upon its approval by the Sangguniang Panlalawigan and after due compliance with all the requirements provided under R.A. 7160, otherwise known as the Local Government Code of 1991.

Enacted: March April 13, 2023
Baybay City, Leyte, Philippines.

CARRIED BY ALL OF THE MEMBERS PRESENT:

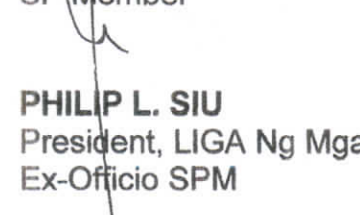

ROMULO B. ALCALA
SP Member


DR. FULTON IKE C. ARRADAZA
SP Member


FILEMON F. AVILA
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

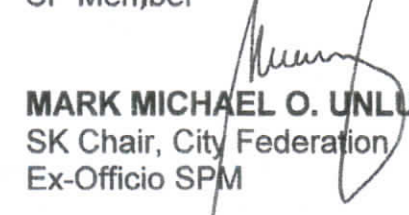

SIMOUNE L. ASTORGA
SP Member


JOSE L. BACUSMO
SP Member


CARMEN L. CARI
SP Member


ATTY. JOSE ROMMEL A. PEÑARANDA
SP Member


JORGE V. REBUCAS
SP Member


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 Florante Cayunda Jr.; City Legal Officer, Atty. Avito C. Cahig, Jr.; City Budget Officer, Raul Mabini; City Accountant Jay Ryan Austero; 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 C. ENARIO-VIDALLON
SP Secretary

Attested & Certified True & Correct:



ATTY. JOSE ROMMEL A. PEÑARANDA
SP Member, Presiding Officer

Approved by His Honor:



ENGR. JOSE CARLOS L. CARI
City Mayor

Date Approved: 5/29/23