



Republic of the Philippines  
Province of Negros Occidental  
HOSPITAL OPERATIONS DEPARTMENT  
**MERCEDITAS J. MONTILLA DISTRICT HOSPITAL**  
Sipalay City, Negros Occidental  
Email Address: [merceditasmontilla@gmail.com](mailto:merceditasmontilla@gmail.com)



# HEALTH SERVICES PRICE LIST

**DATE UPDATED:**  
**September 21, 2022**

**INCLUDES:**

- ❖ Price per type of accommodation, and emergency room
- ❖ Fees for medical and minor surgical procedures
- ❖ Price of laboratory test
- ❖ Professional fees
- ❖ Price of drugs, medicines and medical supplies
- ❖ Bundle/package price of health services
- ❖ Corresponding Philhealth case rate packages



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## Room Rates

1. WARDS/PHIC ROOMS	
a. PHIC PATIENTS	PER PHIC RATE/LEVEL/CASE
b. NON PHIC PATIENTS	P 300.00/DAY
2. OBSERVATION ROOM	P 300.00/DAY
3. TREATMENT ROOM FEE	P 100.00
4. EMERGENCY ROOM FEE	P 200.00

## Minor Operating Rooms

1. MINOR	PER RUV OF PHIC
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## Obstetrics

1. OB PACKAGE FOR 1 <sup>ST</sup> 3 BABIES NSVD	P 4, 500.00
2. OB PACKAGE FOR 4 <sup>TH</sup> ONWARD NSVD	P 3, 000.00
3. NEWBORN SCREENING	P 600.00
4. NEWBORN HEARING TEST	P 300.00
5. HEPATITIS B	P 200.00
6. BCG	P 200.00
7. EYE PROPHYLAXIS	P 50.00
8. VITAMIN K	P 50.00
9. NEWBORN SCREENING PACKAGE	PER RUV OF PHIC
10. DELIVERY ROOM FEE	P 500.00



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## Physician's Daily Visit

1. GENERAL PRACTITIONER	
a. PHIC PATIENTS	PER PHIC RATES
b. NON PHIC PATIENTS	P 150.00/DAY
2. CONSULTANTS/SPECIALIST	
a. PHIC PATIENTS	PER PHIC RATES
b. NON PHIC PATIENTS	P 300.00/DAY

## X-ray Rates

1. HEAD	
- AUDITY	P 130.00
- FACIAL BONE	P 130.00
- MANDIBLE	P 130.00
- NASAL BONES	P 130.00
- ORBIT	P 130.00
- PARANASAL SINUSES	P 220.00
- SKULL	P 160.00
- T-M JOINTS	P 130.00
- PARANASAL SERVICES	P 130.00
- ZYGOMA	P 130.00
2. CHEST	
- CHEST X-RAY (PA)	P 110.00
- PA & LATERAL (INFANT)	P 150.00
- PA & LATERAL (CHILD)	P 150.00
- PA & LATERAL (ADULT)	P 195.00
- RIBS	P 195.00
- PA (CHILD)	P 110.00
- PA (ADULT)	P 110.00
- CARDIAC SERIES	P 110.00
3. SPINE	
- CERVICAL APL	P 195.00
- ENTIRE SPINE	P 605.00
- THORACO-SACRAL	P 195.00
- LUMBO-SACRAL	P 195.00
- SACRUM & COCYX	P 195.00
- SKELETAL SPINE	P 195.00
4. EXTREMITIES	



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- SHOULDER, JOINT ARM, FOREARM, FEMUR, LG, ANKLE, FOOT (EACH)	P 150.00
- UPPER EXTREMITIES	P 150.00
- LOWER EXTREMITIES	P 150.00
<b>5. ABDOMEN</b>	
- PLAIN KUB (CHILD)	P 195.00
- PLAIN KUB (ADULT)	P 195.00
- FLAT (KUB)	P 195.00
- FLAT & UPRIGHT (CHILD)	P 195.00
- FLAT & UPRIGHT (ADULT)	P 195.00

## Laboratory Services Rate

ABO, RH TYPING	P 75.00
ACID FAST STAIN	P 50.00
ALKALINE PHOSPHATASE	P 150.00
AMYLASE	P 150.00
ASO TITER	P 150.00
B1 B2	P 150.00
BUN	P 105.00
CALCIUM	P 150.00
CBC	P 150.00
CBC W/TYPING	P 190.00
CBC W/PLATELET COUNT	P 150.00
CHOLESTEROL	P 105.00
CREATININE	P 120.00
CROSS MATCHING	P 150.00
CT, BT	P 75.00
ESR	P 85.00
ELECTROLYTES (PER TEST OF NA, K, CL)	P 180.00
FBS	P 105.00
FECALYSIS	P 40.00
GRAM STAIN	P 45.00
HBSAG (RPHA)	P 150.00
HEMOGLOBIN/HEMATOCRIT	P 30.00
IGGM-IGM TEST	P 600.00
LIPID PROFILE	P 400.00
MAGNESIUM	P 500.00
MALARIAL SMEAR	P 80.00
OCCULT BLOOD	P 45.00



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PLATELET COUNT	P 60.00
PROTHROMBIN TIME	P 400.00
PROTIME APTT	P 400.00
PREGNANCY TEST	P 120.00
RBS	P 80.00
SGOT	P 150.00
SGPT	P 150.00
TEST FOR TYPHOID	P 600.00
TPAG	P 180.00
TRIGLYCERIDE	P 110.00
TROPONIN I	P 300.00
URIC ACID	P 110.00
URINALYSIS	P 60.00
VDRL (RPR)	P 70.00
WIDAL'S TEST	P 150.00
NEWBORN SCREENING	P 600.00
RT-PCR	
REGULAR PATIENT	P 3,500.00
INDIGENT PATIENT	P 1,500.00

## Dental Services

1. EXTRACTION, PERMANENT, PER TOOTH (ADULT)	P 100.00
2. EXTRACTION, TEMPORARY, PER TOOTH (SENIOR CITIZEN, CHILDREN)	P 70.00
3. ORAL PROPHYLAXIS	P 150.00
4. PERMANENT FILLING	
a. LIGHT CURE	P 350.00/CAVITY
b. GLASS IONOMER	P 200.00/CAVITY
c. AMALGAM	P 150.00

## Other Special Charges

1. NEBULIZER (SERVICE)	P 30.00/USE
2. OXYGEN CONCENTRATOR	P 20.00/HR
3. OXYGEN TANK	P 0.50/PSI



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4. ECG	P 200.00
5. PULSE OXIMETER	P 300.00/DAY
6. RESPIRATOR TUBING	P 950.00/PC
7. CARDIAC DEFIBRILLATOR	P 50.00/APPLICATION
8. CARDIAC MONITOR	P 350.00/DAY
9. SUCTION MACHINE	P 100.00
10. DOPPLER	P 50.00/USE
11. PHOTO THERAPY OR BILLILAMP	P 300.00/DAY OR P 15.00/DAY
12. CAUTERY MACHINE	
- MINOR OPD	P 150.00
- MINOR OR	P 250.00
13. BIRTH CERTIFICATE	P 20.00
14. MEDICAL CERTIFICATE	P 20.00
15. DENTAL CERTIFICATE	P 20.00
16. CONSULTATION	P 50.00
17. MEDICO LEGAL CERTIFICATE	P 20.00
18. CERTIFICATE OF TRAINING VOLUNTEERS	P 20.00
19. TB TREATMENT THROUGH TB DOTS	PHIC RATE
20. USE OF HOSPITAL AMBULANCE	PHIC ALLOWABLE CHARGES APPLIES OR RATES AND CHARGES EQUIVALENT TO COST OF FUEL AND OTHER INCIDENTAL EXPENSES FROM REFERRING TO REFERRAL HOSPITAL AND VICE VERSA

## Medicines

REGULAR FUND (ORAL)	PRICE
AMLODIPINE 5MG	6.00
AMLODIPINE 10MG	9.00
ATORVASTATIN 20MG	20.00
ATORVASTATIN 40MG	25.00
ASCORBIC ACID	7.00
AZITHROMYCIN 500MG	43.00
ALLOPURINOL 100MG	6.50
ALLOPURINOL 300MG	3.50
ACETYLCYSTEINE 600MG	57.00
ATENOLOL 50MG	12.00
BISACODYL 5MG	15.50
BUTAMIRATE	18.00
BETAHISTINE 16MG	20.00
CEFUROXIME 500MG	39.90



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CALCIUM CARBONATE	2.50
CAPTOPRIL	1.00
CLARITHROMYCIN 500MG	43.00
CELECOXIB 200MG	27.00
CLOPIDOGREL 75MG	6.50
CIPROFLOXACIN 500MG	15.00
CLOXACILLIN 500MG	15.00
CARVIDELOL 6.25MG	6.10
CLONIDINE 75MCG	7.00
CLONIDINE 150MCG	31.50
CETIRIZINE 10MG	18.00
CO-AMOXICLAV 625MG	37.50
COLCHICINE	5.00
CEFALEXIN 500MG	13.50
CLINDAMYCIN 300MG	43.00
CINNARIZINE	1.00
DIPHENHYDRAMINE 25MG	2.00
DIPHENHYDRAMINE 50MG	3.50
FUROSEMIDE 20MG	4.00
FUROSEMIDE 40MG	6.00
GLICLAZIDE 30MG	11.00
HNBB	6.00
ISDN	40.00
LOSARTAN 50MG	10.00
MONTELUKAST 10MG	30.75
METRONIDAZOLE 500MG	5.00
METFORMIN 500MG	5.00
MTV	13.50
MEFENAMIC ACID	3.00
METOPROLOL 50MG	4.00
METOCLOPRAMIDE	2.00
OFLOXACIN 500MG	7.15
OMEPRAZOLE 20MG	11.50
ORS	8.00
PARACETAMOL	4.00
POTASSIUM CITRATE	26.00
SALBUTAMOL 2MG	1.71
SIMVASTATIN 20MG	1.14
TELMISARTAN 40MG	8.00
TRIMETAZIDINE 35MG	18.00
TRANEXAMIC ACID	20.00
URSODEOXYCHOLIC ACID	58.00
REGULAR FUND (VIAL)	PRICE
AMPICILLIN 250MG	60.00
AMIKACIN SO4	171.36
BUDESONIDE	75.00
AMPI+SULBACTAM 1.5G	437.50
CEFTRIAXONE 1G	350.00
CEFUROXIME 750MG	260.00
METRONIDAZOLE 500MG	149.00



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HYDROCORTISONE	145.00
OXACILLIN 500MG	80.00
OMEPRAZOLE 40MG	375.00
SALBUTAMOL NEB	18.00
REGULAR FUND (AMPULE)	
ATROPINE	48.00
AMINOPHYLLINE	62.00
AMIODARONE	516.00
CLINDAMYCIN	359.76
DOBUTAMINE	210.00
DOPAMINE	220.00
DEXAMETHASONE	104.00
DIPHENHYDRAMINE	75.50
EPINEPHRINE	94.00
FUROSEMIDE	30.00
GENTAMYCIN	21.00
HNBB	26.00
KCL	57.00
MGSO4	59.00
METOCLOPRAMIDE CF	22.00
NOREPINEPHRINE	699.80
PARACETAMOL	60.00
RANITIDINE	37.00
TRAMADOL	47.00
TRANEXAMIC ACID	50.00
SILVER SULFA OINT	225.00
REGULAR FUND (SUSPENSIONS)	
ALMGOH SUSP	114.75
AZITHROMYCIN	455.00
ASCORBIC ACID	93.00
CEFALEXIN 250MG/5ML	114.75
CEFIXIME 200MG/5ML	624.00
CETIRIZINE 1MG/ML	114.00
CO-AMOXICLAV 457MG/5ML	436.00





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## Medical Supplies

ITEM NAME	PRICE
Abdominal Binder	188.00
Adult Diaper	25.00
Alcohol Swabs	2.00
Armsling, Large	63.00
Armsling, Pedia	63.00
Armsling, Small	63.00
Bag, Urine, Disposable	21.00
Bandage, Elastic, Size: 2 x 5 Yards	20.00
Bandage, Elastic, Size: 4 x 5 Yards	37.00
Bandage, Elastic, Size: 6 x 5 Yards	56.00
Blade Surgical # 10	15.00
Blade Surgical # 12	20.00
Blade Surgical # 15	15.00
Blade Surgical # 20	15.00
Blade Surgical # 21	20.00
Blade Surgical # 22	10.00
Blood Transfusion Set	95.00
Breast Pump Plastic	60.00
Catheter 2 way foley balloon, Fr. 12	150.00
Catheter 2 way foley balloon, Fr. 14	150.00
Catheter 2 way foley balloon, Fr. 16	150.00
Catheter 2 way foley balloon, Fr. 18	150.00
Cherries, Sterile	10.00
Clamp, Umbilical Cord	6.00
Cotton Balls, Sterile	5.00
Endotracheal Tube size 3.5 uncuffed	208.00
Endotracheal Tube, FR. 3.5, cuffed	442.00
Endotracheal Tube, FR. 4.0, cuffed	442.00
Endotracheal Tube, FR. 5.0, cuffed	442.00
Endotracheal Tube, FR. 6.0, cuffed	442.00
Endotracheal Tube, FR. 6.5, cuffed	442.00
Endotracheal Tube, FR. 7.5, cuffed	442.00
Endotracheal Tube, FR. 8.0, cuffed	442.00
Gloves Surgical size 6.5, (Ulma)	46.00
Gloves Surgical size 7.0, (Ulma)	46.00
Gloves Surgical size 7.5, (Ulma)	46.00
Hypoallergenic Plaster 1 inch, Micropore	52.00



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Jelly Lubricating 150g, Partners	365.00
Jelly Lubricating sachet 5gms, Partners	10.00
Nasal Cannula, Adult (Indoplas)	91.00
Orthopedic Wadding Sheet, 4x5	63.00
OS Sterile	25.00
Plaster Adhesive Pre-cut, Leukoplast	255.00
Suction Catheter FR 10, 12, 14 & 16	30.00
Surgical Gauze, Pre-cut, Sterile 4x4x8 ply, 28x24 mesh	20.00
Surgical Suture, Chromic Size: 2.0, cutting	201.00
Surgical Suture, Chromic Size: 3.0, cutting	260.00
Surgical Suture, Silkam Size: 2.0, cutting	175.00
Surgical Suture, Silkam Size: 3.0, cutting	196.00
Surgical Suture, Silkam Size: 4.0, cutting	162.50
Surgical Suture, Silkam Size: 5.0, cutting	262.50
Tube Nebulizer with mask Pedia	51.00
CF-Heplock, Needleless, BD	60.00
CF-ID Bracelet (Adult)	6.00
CF-ID Bracelet (Infant), Blue	6.00
CF-ID Bracelet (Infant), Pink	6.00
CF-IV Cannula G. 18	100.00
CF-IV Cannula G. 20	100.00
CF-IV Cannula G. 22	100.00
CF-IV Cannula G. 24	100.00
CF-IV Cannula G. 26	100.00
CF-Macroset	50.00
CF-Microset	50.00
CF-Medical Oxygen, Cylinder	700.00
CF-Nebulizer Kit w/ Mask, Adult	75.00
CF-Nebulizer Kit w/ Mask, Child	75.00
CF-Nebulizer Kit, Adult	75.00
CF-Cannula, Adult	95.00
CF-Cannula, Neonate	95.00
CF-Cannula, Pedia	95.00
CF-Oxygen Mask, Adult	95.00
CF-Oxygen Mask, Pedia	95.00
CF-Syringe 1CC, Insulin	10.00
CF-Syringe 1CC, Tuberculin	13.00
CF-Syringe 3CC	7.50
CF-Syringe 5CC	8.50
CF-Syringe 10CC	12.50
CF-Syringe 20CC	15.00



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CF-Heplock, Needleless, BD	60.00
CF-ID Bracelet (Adult)	6.00
CF-ID Bracelet (Infant), Blue	6.00
CF-ID Bracelet (Infant), Pink	6.00
CF-IV Cannula G. 18	100.00
CF-IV Cannula G. 20	100.00
CF-IV Cannula G. 22	100.00